

<b>Case Number:</b>	CM15-0087160		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female, who sustained an industrial injury on 3/22/12. She reported pain across the bridge of the nose, neck pain, bilateral hand abrasions, and knee abrasions. The injured worker was diagnosed as having osteoarthritis of bilateral knees, cervical disc degeneration, neck muscle strain, tenosynovitis of left radial styloid, and right hand joint pain. Treatment to date has included right carpometacarpal joint arthroplasty without implant wrist excision on 8/7/14, an injection, physical therapy, and bracing. A physician's report dated 3/19/15 noted physical examination findings of left wrist decreased range of motion and tenderness. Currently, the injured worker complains of neck pain, bilateral wrist/hand pain, and bilateral knee pain. The treating physician requested authorization for a left wrist De Quervain's release.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 Left wrist De Quervain's release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266 and 271.

**Decision rationale:** Per the ACOEM guidelines, Chapter 11, page 266, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." In this case, the records do not document a trial of splinting or a steroid injection. Moreover, the notes do not include physical exam findings that confirm the diagnosis of DeQuervain's tenosynovitis. This request is not medically necessary.