

Case Number:	CM15-0088491		
Date Assigned:	05/12/2015	Date of Injury:	05/08/2013
Decision Date:	06/12/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 5/8/13. The injured worker has complaints of bilateral shoulders, neck, back, left leg, right wrist/hand/fingers and head pain. The documentation noted there was tenderness to palpation of the right lateral paraspinals at L4 and over L4. The diagnoses have included central lumbar disc protrusion, L2-3; superior end plate compression fracture, L2 and lumbar disc protrusion, L5-S1 (sacroiliac) on the right. Treatment to date has included physical therapy; home exercise program; heat and cold therapy; epsom salt baths and/or contrast baths; injections; right wrist arthroscopy and psychology therapy. The request was for first dorsal compartment tenolysis and tenosynovectomy right wrist and thumb metacarpal phalangel joint capsulotomy right thumb and associated surgical service, post-operative occupational therapy right wrist/hand 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

First dorsal compartment tenolysis and tenosynovectomy right wrist and thumb metacarpal phalangel joint capsulotomy right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 264, 271.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), DeQuervain's tenosynovitis surgery.

Decision rationale: The claimant sustained a work injury in may 2013 and continues to be treated for right wrist and hand pain. When seen, she had findings consistent with DeQuervain's tenosynovitis. There was decreased range of motion with positive Finkelstein testing. Criteria for consideration of surgery for DeQuervain's tenosynovitis include failure of a trial of splinting combine with the injection. In this case, the documentation that was submitted does not establish that such treatment has been tried. Therefore, the request for surgery is not medically necessary.

Associated surgical service: Post operative occupational therapy right wrist/hand 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21.

Decision rationale: The claimant sustained a work injury in may 2013 and continues to be treated for right wrist and hand pain. When seen, she had findings consistent with DeQuervain's tenosynovitis. There was decreased range of motion with positive Finkelstein testing. In terms of physical therapy following the proposed surgery, guidelines recommend up to 14 treatments over 12 weeks. Although the request is within the recommended guidelines, the surgery is not considered medically necessary at this time and therefore, the request for postoperative therapy is not medically necessary.