

Case Number:	CM14-0103784		
Date Assigned:	07/30/2014	Date of Injury:	05/13/2013
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Orthopedics Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 05/13/2013. The mechanism of injury was not specifically stated. The current diagnosis is synovitis of the hand/wrist. The injured worker was evaluated on 06/03/2014 with complaints of persistent pain in the left dorsal forearm. Previous conservative treatment includes splinting and steroid iontophoresis. The physical examination of the left hand/wrist was not provided on that date. Treatment recommendations included a decompression of the left second extensor compartment. It is noted that the injured worker underwent an MRI of the left forearm on 05/02/2014, which revealed mild cystic changes in the triquetrum and capitate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand/wrist decompression of the left second extensor tendon compartment under sedation and local anesthesia: 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): 270-271.

Decision rationale: California MTUS ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. As per the documentation submitted, there was no physical examination provided on the requesting date. There is no documentation of any red flags of a serious nature. The injured worker's MRI of the left upper extremity on 05/02/2014 indicated unremarkable findings. Based on the clinical information received and the California MTUS ACOEM Practice Guidelines, the request is not medically necessary.