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| Case Number: | CM14-0126093 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 07/14/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

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 Orthopaedic Surgery and is licensed to practice in California. 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:

This 51-year-old female sustained an industrial injury on 7/14/12. The mechanism of injury was not documented. Bilateral wrist MRI findings showed extensor carpi ulnaris tenosynovitis and subchondral cysts. Records from 1/30/14 to 7/14/14 documented complaints of bilateral severe wrist pain, numbness, tingling and weakness. Bilateral wrist exam was unchanged over the course of care. There was full range of motion and positive Finkelstein's, Tinel's, Phalen's, and positive compression tests. There was severe pain on axial grind, in the anatomic snuffbox, on ulnar or radial deviation of the wrist, and on wrist flexion/extension bilaterally. There was pain over the first dorsal wrist extensor, mild thenar atrophy, and abductor pollicis brevis weakness bilaterally. Two-point discrimination was greater than 7 mm over the right index and thumb. The diagnosis was bilateral wrist sprain/strain, bilateral deQuervain's disease, and right carpal tunnel syndrome. Urine toxicology was requested about every other month. The 3/4/14 urine toxicology report was negative for all medications. Records indicated the patient was using over-the-counter pain medication. Treatment was documented to include left spica brace, right volar wrist brace, TENS unit, and home exercises. The patient was not working. The 7/16/14 orthopedic report cited persistent pain over the bilateral wrists, not improved with injections. There was no change in the physical exam. The treatment plan indicated authorization was pending for bilateral wrist surgery. Continuation of pain medications was noted but not specified. A urine toxicology screen was ordered. The 7/25/14 utilization review denied the request for left wrist deQuervain's surgery as there was no documentation that the patient had had 3 to 6 months of conservative treatment, night pain, or imaging. The urine toxicology was denied as there was no documentation of what medications the patient was taking or the intended medication treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Surgical Repair of DeQuervains: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, de Quervain's tenosynovitis surgery

Decision rationale: The California MTUS guidelines state that 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. The Official Disability Guidelines recommend deQuervain's tenosynovitis surgery as an option if there are consistent signs and symptoms and the patient fails 3 months of conservative care with splinting and injection. Guideline criteria have been met. This patient presents with persistent wrist pain and limited function. Clinical exam is consistent with deQuervain's tenosynovitis. Reasonable conservative treatment has been attempted for over 6 months with no sustained improvement. Therefore, this request is medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. Guideline criteria have not been met. Records indicate that urine drug testing has been done on a frequent basis, with no medications detected on the sample of 3/14/14. There is no documentation relative to issues of abuse, addiction, or poor pain control. There is no current documentation of a current medication plan to be monitored. Therefore, this request is not medically necessary.