

Case Number:	CM14-0142558		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2013
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic 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:

The claimant is a 47-year-old gentleman who sustained an injury to his bilateral upper extremities on 05/06/13. The clinical records provided for review included an 08/06/14 orthopedic follow up describing continued complaints of pain in the upper extremities, worse with gripping and grasping activities bilaterally. Examination findings showed tenderness over the flexor and extensor tendons and particularly the first dorsal extensor compartments. The report documented that the claimant had failed conservative care including bracing, exercise program, stimulation, acupuncture, physical therapy and an injection to the right first dorsal extensor compartment; there was no documentation that the claimant received an injection to the left first dorsal extensor compartment. This request is for bilateral De Quervain's release procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral De Quervain's Release: Upheld

Claims Administrator 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, Forearm, Wrist, and Hand (Acute and Chronic)

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

Decision rationale: California ACOEM Guidelines would not support the request for Bilateral De Quervain's release procedure. The surgical request in this case includes both the left and right first dorsal extensor compartment. Presently there is no documentation of a previous injection for the left first dorsal extensor compartment. According to the ACOEM Guidelines, surgery is reserved for individuals who have failed conservative care including injection therapy. Without documentation of the above, the request for Bilateral De Quervain's release surgery as requested would fail to meet the ACOEM Guideline criteria and would not be supported.