

Case Number:	CM14-0147723		
Date Assigned:	09/15/2014	Date of Injury:	11/01/2010
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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:

This is a 37 year old female with a 11/1/10 injury date. The mechanism of injury was not provided. In a follow-up on 8/8/14, subjective findings are not available because the first page is missing from the note. Objective findings regarding the right wrist are also not available. The provider recommended tenex tenotomy of the right wrist extensors (ECRB, ECRL). A right wrist MRI on 1/23/14 showed a TFCC horizontal tear and tenosynovitis of the ECRB and ECRL. Diagnostic impression: right lateral epicondylitis--mainly affecting the wrist extensors. Treatment to date: physical therapy, medications, splinting, cortisone injections. A UR request on 8/18/14 denied the request for right wrist tenex tenotomy, however, the rationale was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenex Tenotomy of the Right Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Housner JA, Jacobson JA, Misko R. Sonographically guided percutaneous needle

tenotomy for the treatment of chronic tendinosis. J of Ultrasound Med. Sept 1, 2009:28(9), pp. 1187-92.

Decision rationale: CA MTUS and ODG do not address this issue. In the article by Housner JA et al, "sonographically guided percutaneous tenotomy of tendinosis was effective in improving patient symptoms without complications." However, "further investigation with additional patients and comparisons to alternative treatments is needed to validate these preliminary results." The procedure is largely experimental and not yet established in the medical literature. In the present case, there is missing documentation and clinical findings including current symptoms and objective exam findings are absent. In addition, the extent, duration, and effectiveness of prior treatment modalities are unclear. On this basis, the requested procedure cannot be recommended at this time. Therefore, the request for Tenex tenotomy of the right wrist is not medically necessary.