

Case Number:	CM14-0148061		
Date Assigned:	09/18/2014	Date of Injury:	07/12/2013
Decision Date:	11/21/2014	UR Denial Date:	09/11/2014
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 Occupational Medicine, 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 patient is a 56-year-old female who has submitted a claim for cervical radiculopathy and wrist bursitis/ tendinitis associated with an industrial injury date of 07/12/2013. Medical records from 01/09/2014 to 08/22/2014 were reviewed and showed that patient complained of right wrist pain graded 6-10/10. Physical examination revealed tenderness at the palmar surface of the first CMC, full wrist ROM, decreased grip strength, and positive Finkelstein test. X-ray of the right hand dated 02/19/2014 was unremarkable. Treatment to date has included pain medications and oral prednisone. There was no documentation of trial of other conservative methods such as splinting, injection, and physical therapy. Utilization review dated 09/11/2014 denied the request for Right wrist DeQuervains release because conservative measures have not been exhausted. Utilization review dated 09/11/2014 denied the request for facility/outpatient, pre-operative medical evaluation, pre-operative chest x-ray, and pre-operative diagnostic and laboratory test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist DeQuervains 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, Pain Chapter (Chronic)

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 de Quervain's tenosynovitis surgery

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and ODG was used instead. ODG states that de Quervain's tenosynovitis surgery is recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection. Surgical treatment of de Quervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy, including a work evaluation, is generally not indicated. The majority of patients with de Quervain'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 for treating de Quervain's tendinitis. Injection alone is the best therapeutic approach to de Quervain's tenosynovitis. In this case, the patient complained of right wrist pain with diagnosis of wrist tendinitis/bursitis. However, there was no documentation of trial of other conservative methods such as splinting, injection, and physical therapy. Documentation of failure of conservative care is required to support de Quervain's release. There is no clear indication for de Quervain's release at this time. Therefore, the request for Right wrist DeQuervains release is not medically necessary.

Facility/outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative medical evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative diagnostic and laboratory test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.