MAXIMUS Federal Services

Case Number:	CM14-0148759		
Date Assigned:	09/18/2014	Date of Injury:	05/08/2013
Decision Date:	10/16/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/12/2014

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 patient is a 55 year old female who sustained an industrial injury on 5/08/2013. The diagnoses are TMC arthritis and stenosing tenosynovitis of right thumb. Treatment has included occupational therapy and acupuncture with subjective report of benefit, right deQuervains injection on 06/17/2013 with benefit, and right CMC joint injection on 11/06/2013 without much improvement and recurrence of symptoms a few days later. The peer review dated 8/6/2014 rendered a modification determination with certification of the requested CMC resection arthroplasty of the right hand, and non-certification of the requested tenovaginotomy A1 pulley right thumb and right thumb with flexor tenosynovectomy. The request was not medically necessary. The peer review dated 9/4/2014 noncertified the request for Tenovaginotomy A1 pulley of right thumb with flexor tenosynovectomy. The request was not medically necessary. X-rays of the bilateral hands showed mild to moderate degenerative changes at the thumb CMC joint. The right wrist MRI on 8/16/2013 revealed normal findings. The 8/25/2014 follow up report by [redacted] states the patient presents for follow-up evaluation, the surgery for TMC arthroplasty has been approved but not the tenovaginotomy procedure of the right thumb. Physical examination demonstrates mild-to-moderate tenderness at the A1 pulley base of the right thumb, full range of motion of the right thumb without snapping or locking, moderate tenderness at the TMC joint, negative grind, and grip: R15/L25. Status is TTD. Plan is to request appeal for surgery denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenovaginotomy A1 pulley of right thumb with flexor tenosynovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG)-TWC FOREARM WRIST & HAND PROCEDURE

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 Percutaneous release (of the trigger finger and/or trigger thumb), de Quervain's tenosynovitis surgery

Decision rationale: The CA MTUS ACOEM guidelines state, "One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function." The guidelines also state, "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 for treating DeQuervain's tendinitis." According to the Official Disability Guidelines, Percutaneous release (of the trigger finger and/or trigger thumb) is recommended where symptoms persist. Trigger finger is a condition in which the finger becomes locked in a bent position because of an inflamed and swollen tendon. In cases where symptoms persist after steroid injection, surgery may be recommended. However, the risk of troublesome complications, even after this minor operation, should be born in mind. The ODG also states, de Quervain's tenosynovitis surgery Recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection. de Quervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a popping sensation. 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. In the case of this patient, she does not demonstrate any triggering on examination. She has no snapping or locking and demonstrates full ROM of all digits. She had good response to prior DeQuervain's injection. There is no evidence of recalcitrant triggering of the right thumb nor DeQuervains' tenosynovitis. In the absence of positive, persistent examination findings and failure of standard conservative care, the patient is not a candidate for the proposed right thumb procedures. Therefore the request is not medically necessary.