

Case Number:	CM14-0155473		
Date Assigned:	10/03/2014	Date of Injury:	08/20/2013
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 45 year old female who sustained injuries to her neck, bilateral shoulders, elbows, and left wrist on 08/20/13. Medical records specific to the claimant's left wrist included the progress report dated 07/30/14 describing tenderness over the first dorsal extensor compartment with a positive Finkelstein's test. The claimant was diagnosed with left wrist De Quervain's tenosynovitis. The treating physician recommended left elbow De Quervain's release procedure. The medical records did not identify specific conservative measures for the claimant's first dorsal extensor compartment. There were no imaging reports available for review or additional physical examination findings noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist De Quervain Release 26000: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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

Decision rationale: Based on California ACOEM Guidelines, the request for release of the first dorsal extensor compartment is not recommended as medically necessary. ACOEM Guidelines

state surgical intervention should only be considered after the claimant has failed a significant course of conservative care or under unusual circumstances. The medical records do not describe the conservative care offered to the claimant for the diagnosis of left wrist De Quervain's tenosynovitis. There is no indication of previous injection therapy, medication management, physical therapy or immobilization. Therefore, the medical records do not meet the ACOEM Guideline criteria and the surgery is not recommended as medically necessary.