

Case Number:	CM15-0107492		
Date Assigned:	06/12/2015	Date of Injury:	08/16/2013
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 injured worker is a 58-year-old female, who sustained an industrial injury on 8/16/2013, due to repetitive use of both hands. The injured worker was diagnosed as having left lateral epicondylitis, left de Quervain's tenosynovitis, and left carpal tunnel syndrome. Treatment to date has included physical therapy, medications, splinting, and steroid injections. Currently, the injured worker complains of pain that radiates up her hand to her elbow and left upper extremity. Objective findings included positive Tinel's, Phalen's, and Finkelstein's in the left, and pain with palpation over the left lateral elbow. Diagnostic testing was not noted. Work status was modified. The treatment plan included a left hand/wrist synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovectomy of the left hand/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-271.

Decision rationale: There are no records provided by the treating physician supporting the unusual request for wrist synovectomy. Wrist synovectomy is not appropriate or effective treatment for either of the listed wrist area diagnoses namely carpal tunnel syndrome and first dorsal wrist compartment constrictive tendinopathy. There is no support for the surgical request, which is determined to be not medically necessary.