

Case Number:	CM15-0011136		
Date Assigned:	01/29/2015	Date of Injury:	03/11/2013
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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, 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 36-year-old female who reported an injury on 03/11/2013. The mechanism of injury was not provided. The injured worker was noted to undergo an MRI of the right wrist on 08/21/2014 which revealed extensor tenosynovitis, ten synovial lipoma, flexor tenosynovitis, extensor carpi ulnaris tear, and ganglion cyst. Prior therapies included medication, splinting, physical therapy, and a TENS unit which provided some relief. There was a Request for Authorization from submitted for review dated 01/09/2015. The documentation of 12/18/2014 revealed the injured worker continued to complain of pain, swelling, and numbness in the wrists and hands. The injured worker had a Finkelstein's test was that equivocal on the right and negative on the left. The Tinel's sign was positive at the carpal tunnels bilaterally. The Phalen's test was positive on the left and negative on the right. Sensation was diminished in the median nerve distribution in the left hand. The diagnoses included bilateral wrist extensor tenosynovitis, bilateral forearm tendinitis, and bilateral carpal tunnel syndrome. The treatment plan included a left carpal tunnel release with fourth dorsal compartment extensor tenosynovectomy. The diagnoses included naproxen 550 mg twice a day with food #60, Prilosec 20 mg twice a day, and tramadol ER 150 mg 1 by mouth twice a day as needed for pain #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left fourth dorsal extensor tenosynovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers Compensation, Online Version, Forearm, Wrist and Hand Chapter, Tenolysis

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 Chapter, Tenolysis.

Decision rationale: The Official Disability Guidelines indicate that a tenolysis is appropriate when there is documentation that the injured worker is willing to commit to a rigorous course of physical therapy, and has good strength in flexor and extensor muscles of the hand and must have intact nerves to flexor muscles. The MRI revealed flexor tenosynovitis, and an extensor carpi ulnaris tear. The documentation failed to indicate that the injured worker had a willingness to commit to a rigorous course of physical therapy, and had good strength in flexor and extensor muscles of the hand and that the injured worker had intact nerves to flexor muscles. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for left 4th dorsal extensor tenosynovectomy is not medically necessary.