

<b>Case Number:</b>	CM15-0111437		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

### 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 64-year-old female who sustained an industrial injury on August 25, 2014. She has reported left wrist pain and has been diagnosed with left DeQuervains tenosynovitis and left dorsal wrist ganglion cyst. Treatment has included medication management, physical therapy, acupuncture, and trigger injections. There was positive swelling in the first dorsal compartment. Sensation was intact. No instability. There was no swelling or erythema present of the wrist, hand, and finger examination. MRI of the left wrist noted the alignment of the wrist joint is normal. There is minimal fluid in the radioscaphoid, scaphotrapezium, and scaphotrapezoid joints. The carpal bones appear unremarkable. The extensor and flexor tendons appear normal. Previous QME report from 1/21/15 demonstrates no evidence of positive Finklestein's test. The treatment request included a first dorsal compartment release and physical therapy x 9.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**First dorsal compartment release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 1/21/15 does not demonstrate any evidence of De Quervain's. Therefore, this request is not medically necessary.

**Associated service: physical therapy times nine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

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