

Case Number:	CM15-0117325		
Date Assigned:	06/25/2015	Date of Injury:	02/10/2014
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/17/2015

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, Indiana, Oregon
 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 44-year-old female who sustained an industrial injury on 2/10/14. She had complaints of right hand and wrist pain. Treatments include medication, physical therapy and wrist brace. Treating physician's progress note dated 5/1/15 reports injured worker with complaints of right wrist pain and right hand stiffness and weakness. Diagnosis is right de quervain's tenosynovitis. Treatment plan includes surgery to be scheduled, preoperative clearance prior to surgery, 12 sessions of physical therapy post op, home physical therapy 5 days a week for 2 weeks, remain on temporary disability and follow up on 6/15/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist De Quervain's Release As Outpatient: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case, symptoms have returned after steroid injection and ODG wrist recommends injection alone without splinting for treatment. Symptoms have been present for at least 3 months despite work restrictions and conservative care. Based on this, the ODG criteria have been followed and the request is medically necessary.