

<b>Case Number:</b>	CM15-0121090		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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:

This 46 year old female sustained an industrial injury to the right wrist on 12/14/10. Previous treatment included decompression of right extensor carpi ulnaris tendon and tenosynovectomy (1/16/13), injections and medications. In a PR-2 dated 5/14/14, the injured worker reported that she was considering surgery because her pain had not improved. Physical exam was remarkable for right wrist with a well-healed incision, paresthesias around the incision site, improving range of motion, moderate tenderness to palpation at the extensor carpi ulnaris insertion site and pain upon radial and ulnar deviation of the wrist. A new magnetic resonance imaging right wrist (5/21/15) showed thickening and signal abnormality at the extensor carpi ulnaris tendon at the level of the marker distal wrist consistent with tendinosis. The treatment plan included a tenotomy right wrist extensor tendon followed by postoperative occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenotomy right wrist extensor tendon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** Per ACOEM: According to ACOEM Chapter 11, 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." This patient has chronic ECU tendonitis. Treatment to date according to the medical records has included tendon debridement, NSAIDS TENS unit and home therapy program with splinting. Despite these treatments, she continues to have pain. MRI x 2 shows tendinosis. Tenotomy is indicated to definitively treat her painful tendinosis. She has had a second opinion consultation and the consultant agrees with the plan for tenotomy. The request is medically necessary.

**Post Operative Occupational Therapy twice a week for six weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS guidelines do not specifically address tenotomy. The closest guideline is: Extensor tenosynovectomy (DWC): Postsurgical treatment: 14 visits over 3 months, Postsurgical physical medicine treatment period: 6 months. The request for 2 visits is consistent with the guidelines and is medically necessary.