

<b>Case Number:</b>	CM15-0124173		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2015

### 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 40 year old female with an industrial injury dated 08/07/2012. Her diagnoses included right carpal tunnel syndrome and right DeQuervain's Syndrome. Prior treatment included home exercise program, chiropractic treatments, physical therapy and medications. She presented on 05/13/2015 with complaining of cervical spine, lumbar spine, right shoulder and right wrist pain. She rates the right wrist pain as 6/10. She was wearing a wrist brace. Right wrist exam noted Tinel's was negative. There was tenderness to palpation over dorsal capsule, volar capsule and radial styloid. Finkelstein's was positive. Treatment plan included request for DeQuervain's release for right wrist and associated surgical services. The provider documents the injured worker had failed home icing program, meds, activity modifications, thumb spica brace and physical therapy. Treatment request is for: associates Surgical Services: EKG, outpatient right wrist de Quervain's release, post-operative physical therapy right wrist 2 times a week for 4 weeks and pre-operative medical/labs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient right wrist de Quervain's release:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that 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 the exam note from 5/13/15 does not demonstrate evidence of severe symptoms or failed conservative management including injection. Therefore the request is not medically necessary

**Pre operative medical/labs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associates Surgical Services: EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Post operative physical therapy right wrist 2 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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