MAXIMUS Federal Services

Case Number:	CM15-0126370		
Date Assigned:	07/10/2015	Date of Injury:	05/15/2013
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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, Hand 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 50 year old female, who sustained an industrial injury on May 15, 2013. She reported an injury to her right upper extremity and was diagnosed with carpal tunnel syndrome and tenosynovitis of the hand/wrist. Treatment to date has included MRI of the right shoulder, MRI of the right wrist, MRI of the right elbow, diagnostic imaging, physical therapy, and medications. Currently, the injured worker complains of right shoulder pain, right elbow pain and right wrist pain. She describes the shoulder pain as constant, moderate to severe and notes that her pain is aggravated by grasping, reaching, pulling, lifting and performing work at or above the shoulder level. Her right elbow pain and right wrist pain are described as constant, moderate to severe and are aggravated by gripping, grasping, reaching, pulling and lifting. She notes that she has associated weakness, numbness and tingling of the hands and fingers. She rates her pain an 8 on a 10-point scale. Her pain is relieved with activity restrictions. She reports difficulty with sleep. On physical examination the injured worker has tenderness to palpation at the trapezius, levator scapula muscles, and supraspinatus muscles and at the acromioclavicular joint. She has limited range of motion of the right shoulder and has a positive Neer's impingement sign and Kennedy Hawkins sign. She has tenderness to palpation of the right lateral epicondyle and has a limited range of motion of the right elbow. A Cozen's sign is positive. She has crepitus of the right wrist and mild muscle atrophy. She has tenderness to palpation at the first dorsal extensor muscle compartment, the carpal tunnel and at the distal ulnar-radio-carpal junction. Her right wrist has a limited range of motion and she has a positive Tinel's sign, Phalen's sign and Finkelstein's sign. She has diminished sensation to pinprick along

the medial nerve distribution in the right upper extremity and a decreased motor strength. The diagnoses associated with the request include right shoulder acromioclavicular joint arthrosis, right shoulder tendinitis, lateral epicondylitis of the right elbow, and right wrist pain. The treatment plan includes right first dorsal compartment release, post-operative physical therapy, Tylenol #3 and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right first dorsal compartment release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: This is a request for surgical treatment of presumed DeQuervain's syndrome. The majority of documented symptoms such as those around the shoulder and elbow are inconsistent with a diagnosis of DeQuervain's. The California MTUS notes, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment." There is no documentation of such treatment, such as corticosteroid injection into the first dorsal wrist compartment. Particularly in a case such as this with diffuse symptoms, temporary improvement following injection can provide an estimate of possible symptom resolution following surgery. There is insufficient information provided to support the medical necessity of the requested surgery.

Associated surgical service: Medical clearance with network provider: 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.

Postoperative physical therapy x 12 right wrist / hand treatments: 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.

Tylenol No.3, #60: 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.