

Case Number:	CM15-0149499		
Date Assigned:	08/12/2015	Date of Injury:	12/17/2014
Decision Date:	10/05/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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, Oregon, Washington
 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 52 year old male, who sustained an industrial injury on 12-17-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having right ulnar wrist pain, extensor carpi ulnaris tendinitis and extensor carpi ulnaris subluxation. Right wrist magnetic resonance imaging showed carpi ulnaris tenosynovitis. Treatment to date has included therapy and medication management. In a progress note dated 6-25-2015, the injured worker complains of right wrist pain. Physical examination showed right wrist tenderness over the extensor carpi ulnaris tendon and swelling a boggy synovitis. The treating physician is requesting a right extensor carpi ulnaris tendon tenosynovectomy and stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right extensor carpi ulnaris tendon tenosynovectomy and stabilization: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) - Tenosynovectomy.

Decision rationale: ODG section on tenosynovectomy in the forearm, wrist and hand section refers to the criteria regarding tenolysis. Per the ODG section on tenolysis, this procedure is done "to remove adhesions that inhibit active flexion of digits." The ODG specified criteria for tenolysis are as follows: Patient must be willing to commit to a rigorous course of physical therapy (vigorous postoperative ROM is required). Patient must have good strength in flexor and extensor muscles of the hand and must have intact nerves to flexor muscles. If patient has had previous flexor tendon repair, surgery should be delayed until 6 months post op (in order to avoid tendon rupture), otherwise at least 3 months conservative treatment (PT). Consider using a wrist block and propofol anesthesia, so that the patient can demonstrate active motion in the operating room (indicating whether the tenolysis has been successful). If tenolysis does not achieve sufficient ROM, repeated tenolysis is not indicated; Contraindicated in patients with active infection, motor-tendon problems secondary to denervation, and unstable underlying fractures requiring fixation and immobilization. Relative contraindications include extensive adhesions, immature previous scars, and severe posttraumatic underlying arthrosis. In this case there is no evidence in the provided medical records that there are adhesions that inhibit active flexion of digits, and thus by ODG criteria the proposed surgery is not medically necessary.