MAXIMUS Federal Services

Case Number:	CM15-0170227		
Date Assigned:	09/10/2015	Date of Injury:	04/25/2014
Decision Date:	10/16/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/28/2015

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 39 year old female, who sustained an industrial injury on April 25, 2014. The diagnoses have included left carpal tunnel syndrome, excision of a left wrist ganglion cyst with complication tendinitis of the second dorsal compartment, left wrist sprain-strain and radial styloid tenosynovitis. Documentation dated July 30, 2015 notes that the injured worker was not working. However, the injured worker was to return to work with modified duties. Current documentation dated July 30, 2015 notes that the injured worker reported left wrist, hand and arm pain. Examination of the left wrist revealed mild swelling and tenderness of the first dorsal compartment. Range of motion was full with minimal pain. Strength and sensation were intact. A Finkelstein's test was positive. Treatment and evaluation to date has included medications, radiological studies, MRI of the left wrist, corticosteroid injections, physical therapy and two left wrist surgeries. Current medications include Acetaminophen and Ibuprofen. The treating physician's request for authorization dated August 3, 2015 included requests for 1 left DeQuervain's release, 1 X-ray series of the left wrist (3 views) and 8 physical therapy sessions. The original Utilization Review dated August 10, 2105 non-certified the requests for 1 left DeQuervain's release 1 X-ray series of the left wrist (3 views) and 8 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray series of the left wrist (3 views): Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic), Radiography.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: This is a request for left wrist x-rays. There is no mechanism of injury which would cause bone or joint damage. Records reviewed document that left wrist x-rays were performed on November 20, 2014 and a left wrist MRI on June 25, 2014. There is no documentation provided to justify the need for additional left wrist X-rays. Therefore the request is not medically necessary.

1 left DeQuervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: This is a request for a third left wrist surgery, specifically for release of the left first dorsal wrist compartment for presumed constrictive tendinopathy. Records reviewed include a June 25, 2014 MRI which demonstrated no evidence of first dorsal wrist compartment tendinopathy. August 2014 and March 2015 surgeries for ganglion removal, tendon release and neurolysis were performed for the same symptoms and failed. With successive surgeries for the same symptoms, the success rate progressively declines. There is no reasonable expectation that the proposed surgery will result in substantial symptomatic and functional improvement.

Associated surgical services: 8 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: This is a request for 8 therapy sessions following proposed surgery for deQuervain's. The surgery has been determined to be unnecessary. If the surgery were appropriate, the proposed surgical treatment guidelines for radial styloid tenosynovitis found on page 21 of the California MTUS would be appropriate which allows up to a maximum of 14 visits with an initial course of therapy being defined as half that number of 7 visits. The request exceeds guidelines. Therefore the request is not medically necessary.