

<b>Case Number:</b>	CM15-0171360		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: 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:

The injured worker is a 60 year old female who sustained an industrial injury on 11-28-12. A review of the medical records indicates she is undergoing treatment for right wrist de Quervain's disease - clinically, adhesions with tenosynovitis, abductor pollicis longus tendon, right wrist - clinically, adhesions with tenosynovitis, extensor pollicis brevis, right wrist - clinically, and neurapraxia, dorsal sensory branch of the radial nerve, right wrist - clinically. Medical records (4-11-15 to 7-24-15) indicate she complains of "severe" right wrist pain, rating it 7 out of 10. She describes the pain as radiating to her right forearm and is associated with tingling, burning, throbbing, stabbing, electric-like sensations, aching, and sharp pain. The report indicates that she has limited range of motion with flexion, extension, lifting carrying, pushing, pulling, gripping, grasping, twisting, turning, and lying down. The physical exam reveals "exquisite tenderness" over the first dorsal compartment with decreased sensation over the dorsal sensory branch of the radial nerve. The treating provider also indicates "exquisite pain and weakness" of the abductor pollicis longus and extensor pollicis brevis of the right thumb. The treating provider noted "positive Finkelstein's test over the right wrist." The injured worker indicated difficulty in completing her activities of daily living. She reports that she has difficulty with combing hair, dressing, undressing, bathing, showering, typing, pushing, pulling, lifting, carrying, gripping, grasping, driving, sexual positioning, loss of libido, and difficulty sleeping. Diagnostic studies have included X-rays of the right wrist, excision of a cyst and biopsy of a cyst on the right wrist, and an MRI of the right wrist. Treatment has included anti-inflammatory medications, use of a splint to the right wrist, modified work duty, excision of a cyst and trigger release involving the

A1 pulley right hand third digit, cortisone injection to the first dorsal compartment of the right wrist, narcotic analgesics, physical therapy, a flexor pulley release of the right long finger, Voltaren, yoga exercises, neck stretches, and use of extra strength Tylenol. The utilization review (8-21-15) indicates the requested treatments as right wrist tenosynovectomy abductor pollicis longus tendon with release, 1st dorsal compartment, tenosynovectomy extensor pollicis brevis tendon, exploration and neurolysis dorsal sensory branch of radial nerve, tenolysis of abductor pollicis longus tendon and extensor pollicis brevis tendons right wrist, preoperative chest X-ray, EKG, pulmonary function test, labs, postoperative IFC, micro cool, home exercise kit, DVT compression pump, compression stockings, physical therapy for the right wrist, acupuncture for the right wrist, Keflex, Norco, and Tramadol. All requested services were denied, indicating that "no conservative treatment has been documented which would statistically be successful. None of the lab requests or other request would be indicated in the absence of surgery."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right wrist tenosynovectomy abductor pollicis longus tendon w/release, 1st dorsal compartment, tenosynovectomy extensor pollicis brevis tendon, exploration and neurolysis dorsal sensory branch of radial nerve and tenolysis of abductor pollicis longus tendon and extensor pollicis brevis tendons right: 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 and Hand chapter: De Quervain's Tenosynovitis surgery.

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

**Decision rationale:** Per the ACOEM guidelines, Chapter 11, page 266, "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." Per the ACOEM guidelines, Chapter 11, page 271, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, Carpal Tunnel Syndrome), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." This patient has failed conservative treatment for several months with steroid injections, NSAIDs and splinting. Release is medically necessary. The surgeon has requested multiple other procedures in addition. The procedures include Right wrist tenosynovectomy abductor pollicis longus tendon w/release, tenosynovectomy extensor pollicis brevis tendon, exploration and neurolysis dorsal sensory branch of radial nerve and tenolysis of abductor pollicis longus tendon and extensor pollicis brevis tendons right wrist. These procedures are not indicated to treat first dorsal compartment tenosynovitis. First dorsal compartment release alone is sufficient to treat this patient's pain. The entire request is not medically necessary.

**Pre-op chest X-ray: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. CXR is not indicated. The request is not medically necessary.

**Pre-op EKG: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. This patient is undergoing a low risk procedure. The request is not medically necessary.

**Pre-op pulmonary function test: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. Pulmonary function testing is not indicated. The request is not medically necessary.

**Pre-op labs: CBC: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." The surgery is not medically necessary. Therefore preoperative lab tests are not required. The request is not medically necessary.

**Pre-op labs: PT/PTT: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. The procedure is not medically necessary and therefore preoperative lab tests are not required. The request is not medically necessary.

**Pre-op labs: Chem 12: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical

history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. The procedure is not medically necessary, and therefore preoperative lab tests are not required. The request is not medically necessary.

**Pre-op labs: A1C:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. The procedure is not certified, and therefore preoperative lab tests are not required. The request is not medically necessary.

**Pre-op labs: Urinalysis (UA):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." This patient is undergoing a low risk procedure. The procedure is not certified, and therefore preoperative lab tests are not required. The request is not medically necessary.

**Post-op IFC (indefinite use):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin J Sport Med. 2003 Jan; 13 (1): 16-20. The effects of

home interferential therapy on post-operative pain, edema, and range of motion of the knee. Jarit GJ1, Mohr KJ, Waller R, Glousman RE.

**Decision rationale:** IFC is not indicated because the procedure is not medically necessary. Therefore the request is not medically necessary.

**Post-op: Micro Cool (indefinite use):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** California MTUS ACOEM Forearm, Wrist, and Hand Complaints, page 265, ODG Forearm, Wrist, Hand, California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental, Medicine (ACOEM) Guidelines, Second Edition, 2004, Forearm, Wrist, and Hand Complaints, page 265 state, "Patients' at home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. However, since the procedure is not medically necessary, this request is not medically necessary.

**Post-op: Home exercise kit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The patient has chronic pain. According to the California MTUS guidelines, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime." Documentation provided for review does not suggest what the home exercise kit for the hands consists of. While it is acknowledge that this patient needs additional treatment and that a home exercise kit could be beneficial, without documentation of what the kit consists of, the request is not medically necessary.

**Post-op: DVT compression pump:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gould MK, Garcia DA, Wren SM, Karanicolas PJ, Arcelus JI, Heit JA, Samama CM. Prevention of VTE in nonorthopedic surgical patients: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. Chest. 2012 Feb; 141 (2 Suppl): e227S-77S Geerts WH, Bergqvist D, Pineo GF, Heit JA, Samama CM, Lassen MR, Colwell CW. Prevention of venous thromboembolism: American College of Chest Physicians evidence-based clinical practice guidelines (8th Edition). Chest 2008 Jun; 133 (6 Suppl): 381S-453S.

**Decision rationale:** The procedure is not medically necessary, and therefore DVT compression pump postoperative is not required. The request is not medically necessary.

**Post-op: Compression stockings:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gould MK, Garcia DA, Wren SM, Karanicolas PJ, Arcelus JI, Heit JA, Samama CM. Prevention of VTE in nonorthopedic surgical patients: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. Chest. 2012 Feb; 141 (2 Suppl): e227S-77S Geerts WH, Bergqvist D, Pineo GF, Heit JA, Samama CM, Lassen MR, Colwell CW. Prevention of venous thromboembolism: American College of Chest Physicians evidence-based clinical practice guidelines (8th Edition). Chest 2008 Jun; 133 (6 Suppl): 381S-453S.

**Decision rationale:** The procedure is not medically necessary and therefore compression stockings are not required. The request is not medically necessary.

**Post-op: Physical therapy x12 right wrist:** 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:** The procedure is not medically necessary and therefore compression stockings are not required. The request is not medically necessary.