

Case Number:	CM15-0172251		
Date Assigned:	09/14/2015	Date of Injury:	05/05/2011
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	09/01/2015

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 46 year old male who sustained an industrial injury on 05-05-11. A review of the medical records indicates the injured worker is undergoing treatment for chronic pain, cervical facet arthropathy, cervical radiculitis, elevated liver enzymes, hepatitis B, status post right wrist surgery, and skull fracture with concussion and loss of consciousness. Medical records (06-15-15) indicate that the injured worker complains of low back, upper extremity, and neck pain, rated at 7/10 without medications and 5/10 with medications. The injured worker reports nonspecific limitations in the activities of daily living. He is reported to be temporarily totally disabled. The physical exam (06-15-15) reveals right hand weakness as measured on the dynamometer. Range of motion in the cervical spine was noted to be limited due to pain. Treatment has included right wrist surgery, medications that provided temporary benefit; physical therapy, acupuncture, chiropractic care, and a lumbar epidural steroid injection, all of which provided only limited benefit. The treating provider (06-15-15) indicates the CT scan of the thoracic spine on 05-05-11 had no significant findings, and the x-rays of the cervical spine on 06-08-11 indicated that straightening of the normal cervical curve could be due to muscle spasms. The original utilization review (07-29-15) non-certified an exploration of the right wrist compartment with release and removal of exostosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exploration of Right Wrist First Compartment, Release of The Compartment and Removal of Exostosis: 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: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states, "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 6/15/15 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore, the request is not medically necessary and the determination is for non-certification.