

Case Number:	CM15-0178930		
Date Assigned:	09/21/2015	Date of Injury:	07/20/2010
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Minnesota, Florida
 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 33 year old female, who sustained an industrial injury on 7-20-2010. The injured worker was diagnosed as having radial styloid tenosynovitis. Treatment to date has included diagnostics, splinting, injections, modified work, left first dorsal compartment release in 6-2011 with no improvement, repeat surgery in 7-2012 with no improvement, and medications. On 5-29-2015, the injured worker was seen regarding her left hand-wrist and complained of continued pain with use and burning pain from the radial side of the wrist, beginning about the mid forearm down to the tip of the thumb. Medication use included Motrin. Her past medical history noted "no active major problems". Physical exam of the left wrist and hand noted no hypersensitivity, flexion and extension 60 degrees, snuffbox tenderness, pain with ulnar deviation, and positive Finkelstein's sign. Mild carpometacarpal tenderness was noted and tenderness along the first dorsal compartment. Neurovascular status was intact distally. She was currently working and wished to have surgery during a summer break. Another revision surgery for release of the first dorsal compartment of the left wrist was recommended. Also requested were labs (complete blood count, comprehensive metabolic panel, prothrombin time, and partial thromboplastin time) and occupational therapy x12 visits. An appeal to the surgery (7-30-2015) noted an impression that "there may be some residual tendon that may have not been fully decompressed". A resubmission for the requested surgical intervention and related services was noted (8-05-2015). On 8-11-2015, Utilization Review non-certified the requested surgical intervention and related treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Release of first extensor compartment left wrist (revision): Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Forearm, wrist and hand, Topic: deQuervains, tenosynovitis surgery.

Decision rationale: The injured worker is a 32-year-old right-hand-dominant female with continuing pain in her left wrist and hand despite 2 surgical procedures in 2011 and 2012. Progress notes dated 6/2/2015 indicate that her pain started in the left fourth and fifth fingers in 2010 and eventually radiated to her thumb. She underwent splinting and injections 7-8 times followed by surgery consisting of a first dorsal compartment release in June 2011. There was no improvement. She then had revision surgery in 2012, again with no improvement. The provider is now requesting similar surgery. The current symptoms include burning pain on the radial side of the wrist beginning about the mid forearm down to the tip of the thumb. On examination there was a healed hypertrophic scar over the radial aspect of the left wrist without any hypersensitivity. Wrist flexion was 60 and extension 60. There was snuffbox tenderness. There was a positive Finkelstein sign. The impression was left thumb CMC joint pain; left wrist ongoing first dorsal compartment tenosynovitis. A prior MRI scan dated 6/12/2012 had revealed a 6 x 8 mm focus of increased signal adjacent to the distal pole of the scaphoid of uncertain significance, is a small tear of the mid aspect of the scapholunate ligament without widening of the scapholunate interval, and very mild increased signal in the peripheral aspect of the triangular fibrocartilage. This may be due to a small tear versus a mild degree of degeneration. There was no inflammatory process observed in the first dorsal compartment. The request for surgery was noncertified by utilization review citing lack of documentation as to when the recurrent symptoms started, lack of documentation of any functional limitations, and also no documentation as to whether the surgeon planned to perform any additional procedure to prevent recurrence. Therefore the request was noncertified. California MTUS guidelines indicate that the majority of patients with de Quervain'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. According to ODG guidelines injection alone is the best therapeutic approach to de Quervain's tenosynovitis. Traditionally, epicondylitis and de Quervain's tenosynovitis have been viewed as being due to an inflammatory process and treated as such. New research shows that tendons in these conditions exhibit areas of degeneration and a distinct lack of inflammatory cells and should be considered tendinopathy and this may direct future treatment. In this case the injured worker has undergone first dorsal compartment release on 2 occasions 1 year apart. There was no improvement. As such, a third surgical procedure for the same diagnosis is not justified, particularly based upon the MRI findings. The clinical information provided is not sufficient to support the surgical request and therefore surgery is neither medically necessary nor warranted.

Pre-op labs: CBC, CMP, 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 cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Occupational therapy x12 visits for the left wrist: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.