

Case Number:	CM15-0077969		
Date Assigned:	04/29/2015	Date of Injury:	04/24/2014
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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 55 year old female, who sustained an industrial injury on 4/24/14. She reported a left wrist injury. The injured worker was diagnosed as having left DeQuervain's. Treatment to date has included activity restrictions, anti-inflammatory medications, physical therapy, bracing and injections. Currently, the injured worker complains of left wrist pain. The examination notes tenderness over the first dorsal wrist compartment and a positive Finkelstein's test which is a standard maneuver for deQuervain's. The treatment plan included prescriptions for Voltaren and surgery for first compartment extensor release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 1st extensor compartment release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Surgery for DeQuervain's tenosynovitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: According to the medical records reviewed, the injured worker has symptoms and examination findings consistent with the clinical diagnosis of stenosing first dorsal wrist compartment tendinopathy or deQuervain's. Appropriate non-surgical treatment has been performed including splinting, anti-inflammatory medications and injections. The California MTUS ACOEM Practice Guidelines notes that surgery is an option when pain is persistent despite appropriate treatment and interferes with function. Therefore, the request is determined to be medically necessary and appropriate.

Post-op splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Splinting.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., pages 2079-2083.

Decision rationale: Splinting is not routinely necessary following deQuervain's surgery, but is not infrequently used for a short time and off-the-shelf splints do not fit easily over surgical bandages. Such post-operative treatment is beyond the scope of the California MTUS, but is discussed in the standard specialty surgical text referenced above. With the proposed surgery being appropriate, the request for post-operative splinting is also determined to be medically necessary.