

Case Number:	CM15-0091320		
Date Assigned:	05/15/2015	Date of Injury:	09/13/2013
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/12/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 52 year old female, who sustained an industrial injury on 9/13/13. She reported initial complaints of right wrist pain. The injured worker was diagnosed as having joint pain-forearm right; non-radicular wrist pain; right wrist pain probable first compartment tenosynovitis. Treatment to date has included acupuncture; right wrist splint; right wrist cortisone injection (9/3/14 and 2/2/15). Diagnostics included MRI right wrist (7/31/14); x-rays right wrist 3 views (8/7/14). Currently, the PR-2 notes dated 3/16/15 indicated the injured worker complains of right wrist pain. Her last visit she has a MRI of the right wrist, which was again consistent with findings of ulnar abutment syndrome with no findings over the area of her symptomology over the radial aspect of the wrist. On examination, there is swelling over the first dorsal compartment of the right wrist. There is definite tenderness over the radial styloid and first dorsal compartment. There are no palpable masses and the range of motion is restricted and mild resection of the dorsiflexion is noted. Her wrist strength is 5/5 in all muscle groups tested as well as normal sensations. Her reflexes are normal and symmetric with positive Finkelstein test. She has had benefit with the cortisone injections to the first dorsal compartment indicating the symptoms are arising from her first dorsal compartment tenosynovitis. The provider is recommending a repeat injection or a Right, First Dorsal Compartment Release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right, First Dorsal Compartment Release, Qty 1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271 and 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, de Quervain's tenosynovitis surgery.

Decision rationale: The patient is a 52 year old female with signs and symptoms of a right DeQuervain's tenosynovitis. She is documented to have undergone conservative management with splinting, previous modified activity, physical therapy, acupuncture and steroid injection to the 1st dorsal compartment over a much greater than 3 month period. The previous steroid injection to the right 1st dorsal compartment did give her temporary relief. From ACOEM p 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. From ODG, surgery is recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection. DeQuervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a popping sensation. Surgical treatment of DeQuervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy, including a work evaluation, is generally not indicated. 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. (AHRQ, 2003) (California, 1997) (Zarin, 2003) (Ta, 1999) Injection alone is the best therapeutic approach to DeQuervain's tenosynovitis. (Richie, 2003) (Lane, 2001). The patient has been treated over a greater than 3 month period with conservative management and steroid injection. This has affected her function and her condition has not resolved. From ACOEM page 272, repeat or frequent injection of corticosteroids into carpal tunnel, tendon sheaths, ganglia, etc. is not recommended. The utilization review did not apparently have access to the medical records provided for this review that documented conservative management. Thus, DeQuervain's release of the right wrist should be considered medically necessary.