

Case Number:	CM15-0091891		
Date Assigned:	05/18/2015	Date of Injury:	08/11/2012
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
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: 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 58 year old female who sustained a work related injury August 11, 2012. According to a primary treating physician's progress report, dated April 20, 2015, the injured worker presented with a soft brace to the left wrist, a carpal tunnel brace, as well as a thumb spica splint. She is right handed and has been avoiding lifting with the left hand. The right wrist is becoming weaker now from use. MRI of the left wrist revealed an ulnar impaction. She has had one injection to the wrist joint and one injection to the first extensor compartment, with repeat injections to the first extensor in December 2014 and January 2015. She had injections to the left thumb, flexor carpi radialis and extensor carpi ulnaris. She has been treated with TENS unit, medication, and hot and cold wraps. Diagnoses are left carpal tunnel syndrome (documented by nerve conduction studies); left wrist joint inflammation with ulnar impaction; CMC(carpometacarpal joints) joint inflammation of the left thumb; chronic pain. Treatment plan included request for authorization for first extensor compartment release surgery, left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 St Extensor Compartment Release Surgery for The Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: Documented symptoms in this case are widespread including in the neck, shoulder, elbow, wrist, thigh and knee. The patient reported to an independent medical evaluator that the majority of her symptoms (70%) were in the left knee. She experienced only partial (50%) short term (one day) relief following left wrist injections. The most recent report reviewed by the primary treating physician of April 20, 2015 notes objective findings primarily unrelated to the first dorsal wrist compartment, such as ulnar wrist tenderness. The CA MTUS notes, 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." In this case, only a small minority of reported symptoms are reasonably attributed to first dorsal wrist compartment tendinopathy/Dequervain's syndrome and there is no reasonable expectation of substantial functional improvement with surgical release of the first dorsal wrist compartment, such as decreased reliance on prescription medications or return to work, to justify the surgical risks. The request is not medically necessary.