

---

## Independent Medical Review Final Determination Letter

170

[REDACTED]

Dated: 12/19/2013

<b>IMR Case Number:</b>	CM13-0009547	<b>Date of Injury:</b>	05/05/2013
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/09/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
SEE ATTACHED			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male who injured his right hand while restraining a prisoner on 5/5/13. Exam showed a positive Finkelstein and Phalen test. Nerve conduction testing showed mild/moderate right carpal tunnel syndrome. MRI showed small intraosseous cysts.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Right carpal tunnel and right de Quervain's release is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2<sup>nd</sup> Ed., Forearm, Wrist, and Hand Complaints Chapter, pg 271 and Table 11-7, which is part of the MTUS; and the ODG, Forearm, Wrist, and Hand Chapter, de Quervain's tenosynovitis surgery section, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Indications for Surgery.

The Physician Reviewer's decision rationale:

MTUS guidelines do not address the indications for compartment releases. According to the ODG guidelines, surgery for Dequervain's tenosynovitis is "Recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection. de Quervain'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 de Quervain'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 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 for treating de Quervain's tendinitis." The records do not document a trial of conservative treatment with a steroid injection. **The request for right carpal tunnel and right de Quervain's release is not medically necessary.**

**2. Medical clearance with internist is not medically necessary and appropriate.**

Because the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

**3. Post-operative rehab and gentle range of motion exercises; three times a week for four weeks is not medically necessary and appropriate.**

Because the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

**4. Post-operative medication (unspecified) is not medically necessary and appropriate.**

Because the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

**5. DME: Arm sling is not medically necessary and appropriate.**

Because the primary procedure is not medically necessary and appropriate, the associated services are not medically necessary and appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0009547