

Case Number:	CM14-0144010		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2012
Decision Date:	10/06/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in Maryland, North Carolina, and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old female with a reported date of injury on 10/12/12 who requested bilateral de Quervain's release with possible tenosynovectomy/tenolysis. Progress report dated 7/24/14 is poorly legible but states a diagnosis of bilateral de Quervain's tenosynovitis. Subjective complaints cannot be fully discerned, but appears to document moderate pain with the right side greater than the left. Examination cannot be fully discerned, but appears to document that the first dorsal compartment is tender to palpation and range of motion is painful. Recommendation is made for bilateral wrist de Quervain's release. Utilization review dated 8/6/14 did not certify the procedures, as 'with the lack of documentation of recent conservative care and inability to discern the doctor's current report, there is a lack of information to recommend certification.'

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral De quervains release with possible tenosynovectomy/ tenolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Work Loss Data Institute, LLC; Section Forearm, Wrist, & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272.

Decision rationale: The patient is a 63 year old female with a stated diagnosis of bilateral de Quervain's tenosynovitis and recommendation for surgical intervention. From ACOEM, Chapter page 271: with respect to de Quervain's tenosynovitis: 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 Table 11-7, page 272: Splinting as first-line conservative treatment for CTS, DeQuervain's, strains, etc. is recommended. Based on the available documentation failure of conservative management has not been clearly documented. In addition, part of the progress report is not clearly legible. Based on these factors, bilateral de Quervain's release with possible tenosynovectomy/tenolysis should not be considered medically necessary.

Pre-operative Medical Clearance Evaluation: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative Physical Therapy 8 visits: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative Cold Therapy Unit, purchase: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.