

Case Number:	CM14-0145784		
Date Assigned:	09/12/2014	Date of Injury:	10/07/2010
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Medicine and is licensed to practice in California. 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 injured worker is a 53 year old female who reported an injury on 10/07/2010 to her left thumb and wrist. The clinical note dated 08/18/14 indicates the injured worker complaining of left thumb and wrist pain. Swelling was identified at the 1st dorsal compartment as well as the extensor pollicis. The injured worker wasn't able to perform any grasping or pinching activities with any force. Upon exam, fullness was identified at the 1st dorsal compartment and the extensor pollicis musculature over the dorsal and distal radialis. Tenderness was identified upon palpation of the 1st dorsal compartment and the 2nd dorsal compartment. The injured worker was identified as having a positive Finkelstein's test. The note indicates the injured worker utilizing a thumb spica splint. The injured worker was recommended to continue with range of motion exercises throughout the left hand and digits. The note indicates the injured worker utilizing Naproxen and Norco for pain relief. The injured worker was being recommended for a 1st dorsal compartment release secondary to the left De Quervain's syndrome. The clinical note dated 08/11/14 indicates the injured worker having undergone a cortisone injection at the affected area on 08/01/14. The injured worker developed an increase in pain at the left thumb thereafter. Crepitus was identified at the dorsal radial aspect of the left thumb involving the extensor pollicis as well as the wrist extensors. The operative note dated 08/14/13 indicates the injured worker undergoing a trigger thumb release on the left. The utilization review dated 09/09/14 indicates the injured worker having been approved for a left De Quervain's release and postoperative physical therapy for a total of 12 sessions. A modified approval was also rendered to provide the injured worker with postoperative labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Labs (UNSPECIFIED) QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general

Decision rationale: The documentation indicates the injured worker having been approved for a left-sided De Quervain's release. Preoperative labs are indicated for injured workers greater than the age of 50. The injured worker's current age is 53. Given the complexity associated with the surgical intervention and taken into account the injured worker's age, preoperative labs are indicated.

Pre-Operative Chest X-Ray QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general

Decision rationale: Given the certification of the left-sided De Quervain's release and taken into account the injured worker's age, preoperative chest x-ray is appropriate in order to identify any potential contraindications.

Pre-Operative EKG QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG)

Decision rationale: Given the certification of the left-sided De Quervain's release and taken into account the injured worker's age, preoperative chest EKG is appropriate in order to identify any potential contraindications.