

Case Number:	CM14-0173416		
Date Assigned:	10/24/2014	Date of Injury:	07/13/2011
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal 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 (IW) is a 41-year-old man with a date of injury of July 13, 2011. The IW was working as a food service worker and sustained a cumulative trauma injury. The injured worker has a history of carpal tunnel release on the left side February 12, 2012. He had of the left carpal tunnel re-release surgery as well as a cubital tunnel release on August 15, 2013. On April 30, 2014, she had a right carpal tunnel release. Pursuant to a note dated August 18, 2014, the treating physician states that the newly diagnosed dorsal wrist ganglion and DeQuervain's tenosynovitis, in his opinion, cannot reasonably be attributed to her work, as she has not worked in over 3 years. Pursuant to the Progress note dated September 9, 2014, the injured worker complains of left wrist pain that radiates into the thumb. Physical examination reveals mild swelling and tenderness over the 1st dorsal compartment. There is pain with wrist dorsiflexion and composite thumb flex. Finkelstein's test is quite painful. There is edema and tenderness over intersection area, and mild tenderness over the scapholunate interval. The injured worker has had 2 prior wrist surgeries; the current request is for a 3rd surgery. MRI of the left wrist dated June 27, 2014 revealed mild DeQuervain's and a dorsal radiocarpal ganglion. It measured 8 X 5 mm in size. It seems to originate from the scapholunate ligament. The IW had a Celestine 6mg injection in the area of the anticipated dorsal occult radiocarpal ganglion. Bilateral splints were dispensed. Diagnoses include: Status post carpal tunnel release, status post ulnar nerve release at the wrist, left asymptomatic volar radiocarpal ganglion, left DeQuervain's tenosynovitis status post one injection with recurrent symptoms. The only documented medication is Seroquel 100mg. Treatment plan recommendations include: Possible further injections, possible surgical intervention, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left dorsal radiocarpal ganglionectomy, left DeQuervain's release, left possible posterior interosseous neurectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand Section, DeQuervain's Tenosynovitis Surgery.

Decision rationale: Pursuant to the ACOEM practice guidelines and the Official Disability Guidelines, left radio carpal ganglionectomy, left DeQuervain's release and left possible posterior interosseous neurectomy are not medically necessary. The ACOEM guidelines indicate the following regarding hand surgery. There needs to be red flags of the serious nature; failed to respond to conservative management including worksite modification; have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long-term, from surgical intervention; surgical considerations depend upon the confirmed diagnosis of the presenting hand or wrist complaint. Regarding having surgery for ganglion, the ACOEM states "only symptomatic wrists ganglia merit aspiration or excision, if aspiration fails. Recurrences may be spontaneous or related to inadequate removal of the communication with the carpal joints or to satellite ganglia that the surgeon failed to exercise". The majority of patients with DeQuervain's syndrome will have resolution with conservative treatment. Under unusual circumstances of persistent pain at the wrist with limitation of function, surgery may be an option as treatment. The ODG recommends surgery as an option if consistent symptoms, signs and failed three months of conservative care with splinting an injection fail. Surgical treatment of the DeQuervain's without a trial of conservative therapy is generally not indicated. The majority of patients will have a resolution of symptoms with conservative treatment. In this case, the injured worker is a 41-year-old man, status post injury July 13, 2011. On September 9, 2014 complaints were left wrist pain. An MRI of the left wrist was reviewed. The injured worker has had two prior surgeries. The present request would be the third surgery. MRI evaluation of the left wrist showed mild DeQuervain's. There was evidence of 8mm ganglion (persistent or recurring) on the MRI. There were no clinical findings of ganglion on examination but there was tenderness on palpation in the first dorsal compartment. An injection was given that did not provide even temporary benefit. Typically ganglions are not uncommon and are only treated if symptomatic. Asymptomatic ganglions do not warrant care. The documentation did not show the injured worker had symptomatic ganglion on examination. The treating physician did not feel, in his opinion, the ganglion was work related in a progress note dated August 18, 2014. Additionally there was no documentation of any partial paralysis of the muscles innervated by the left posterior interosseous nerve. Consequently, the left dorsal radio-carpal ganglionectomy, left DeQuervain's release, left possible posterior interosseous neurectomy is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the left dorsal radio-carpal ganglionectomy, left DeQuervain's release, left possible posterior interosseous neurectomy is not medically necessary.

Post-op Occupational Therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Pursuant to the ACOEM, Official Disability Guidelines and the denial in section 1, postoperative occupational therapy two times a week for four weeks is not medically necessary. The left dorsal radio-carpal ganglionectomy, left DeQuervain's release, left possible posterior interosseous neurectomy were determined to be not medically necessary. Consequently, physical therapy two times a week for four weeks is not medically necessary.

Post-op Meds: Norco 10/325 #45 x1 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Pursuant to the ACOEM, Official Disability Guidelines and the denial in section 1, the request for post op Norco 10/325mg #45 with one refill is not medically necessary. The left dorsal radio-carpal ganglionectomy, left DeQuervain's release, left possible posterior interosseous neurectomy were determined to be not medically necessary. Consequently, postoperative Norco 10/325 mg #45 with one refill is not medically necessary.