

Case Number:	CM13-0011106		
Date Assigned:	11/27/2013	Date of Injury:	05/19/2006
Decision Date:	04/03/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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.

CLINICAL CASE SUMMARY

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

This claimant is a 57-year-old gentleman injured on May 19, 2006. Clinical records on July 6, 2013 by [REDACTED] indicated the claimant was status post bilateral carpal tunnel release and status post bilateral midcarpal fusion procedures with a current diagnosis of left distal radial ulnar joint arthritis, status post triangular fibrocartilage complex debridement. Subjectively, the claimant had continued complaints of pain in the left wrist that only improved minimally with conservative care. Physical examination findings showed pain with ulnar deviation and triangular fibrocartilage complex loading. It was documented that the claimant's symptoms appeared to be localized in the distal radioulnar joint itself. There was no evidence of instability. [REDACTED] noted that the claimant declined further conservative care and recommended surgical intervention to include a distal ulnar arthroscopy for further intervention. The medical records provided for review did not contain any recent clinical imaging reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Distal Ulna Arthroscopy: 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), Wrist & Hand (Acute& Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in

Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Triangular fibrocartilage complex (TFCC) reconstruction.

Decision rationale: The CA MTUS guidelines are silent. When looking at the Official Disability Guideline criteria, the request for distal ulnar arthroscopy would not be indicated as medically necessary. The records for review indicate that the claimant is already status post a left midcarpal fusion as well as left arthroscopy with triangular fibrocartilage complex debridement. Based on lack of recent imaging studies, it is not clear as to how a third procedure in regard to the claimant's distal ulnar joint would address the claimant's symptoms of pain. Therefore, the left distal arthroscopy cannot be supported.

Eight (8) Left Distal Ulna Post-Op Occupational Therapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Wrist & Hand (Acute& Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for the surgery cannot be supported; therefore, the postoperative occupational therapy in this case would not be medically necessary.

One (1) Left Disnal Ulna Post-Op Sugar Tong Splint: 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), Wrist & Hand (Acute& Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Splints.

Decision rationale: The request for the surgery cannot be supported therefore; the requested postoperative use of a sugar-tong splint would not be medically indicated