

Case Number:	CM13-0020528		
Date Assigned:	10/11/2013	Date of Injury:	02/04/2004
Decision Date:	01/09/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

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 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 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. 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 claimant is a 56-year-old female who sustained a right upper extremity injury on February 4, 2004. Clinical records for review include an MRI scan of the left wrist dated March 13, 2013 that showed slight widening of the scapholunate interspace with associated segmental instability; partial thickness tearing to the scapholunate interosseous ligament was also noted. Electrodiagnostic studies of the upper extremities of March 12, 2013 were noted to be normal. The most recent clinical assessment for review from July 31, 2013 documented followup with [REDACTED] for complaints of left wrist pain status post multiple surgeries with reported weakness, discomfort and pain. Reviewed on that date were radiographs of the left wrist that demonstrated "no change from prior films". He diagnosed the claimant with residual left wrist pain status post multiple surgeries with persistent symptoms and internal derangement. Her physical examination findings to the left wrist showed multiple scars over the dorsal aspect of the left wrist with no other documented findings. The nature of the claimant's prior left wrist surgeries is unclear. An evaluation from February 5, 2013 showed restricted range of motion to 40 degrees of flexion, 60 degrees of extension with a positive Watson's test, positive Tinel's sign at the ulnar nerve at the elbow and dorsal wrist tenderness to palpation diffusely.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left wrist scaphoid excision with SLAC arthrodesis or total arthrodesis inclusive or Grafton, allograft cancellous chips syntheses and a total wrist arthrodesis plate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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).

Decision rationale: California MTUS ACOEM Guidelines state that referral for hand surgery consultation may be indicated for patients who: -Have red flags of a serious nature -Fail to respond to conservative management, including worksite modifications -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. The ODG criteria specifically address the request; arthrodesis is only indicated in situations of the wrist after six months of conservative therapy with imaging findings of severe posttraumatic arthritis. Records in this case indicate scapholunate ligament widening, but do not indicate severe posttraumatic arthritis. There is also lack of recent conservative care or recent plain film radiographs for review. The request for left wrist scaphoid excision and arthrodesis is not medically necessary and appropriate.

Postoperative occupational therapy: 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.

cold therapy unit: 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.