MAXIMUS Federal Services

Case Number:	CM13-0022636		
Date Assigned:	12/04/2013	Date of Injury:	02/27/2013
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/10/2013

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:

This is a 51-year-old female injured in a work-related accident on 2/27/13. The clinical records reviewed indicate a left upper extremity injury with a recent progress report dated 7/12/13 from [redacted] indicating follow up of left hand and shoulder pain. It states that she initially fell off of a ladder onto an outstretched hand for which she was treated for a hamate fracture. It states that a recent CT scan of the left wrist was reviewed that showed findings consistent with a non-united, nonunion at the hook of the hamate. Her physical examination revealed point tenderness to palpation over the hook of the hamate with no pisiform tenderness and no tenderness at the snuffbox. She had failed conservative care including therapy, immobilization, and activity restrictions. A corticosteroid injection was recommended yet declined. Surgical intervention in the form of a hamate excision was recommended for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

surgery of the left wrist, hook of hamate excision: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Guidelines Forearm, Wrist and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Greens Operative Hand Surgery On-Line

Decision rationale: California MTUS and Official Disability Guidelines criteria are silent. When looking at Orthopedic Literature Review, the role of excision of hamate appears medically necessary. The literature indicates that with documentation of nonunion and continued pain specific to the area, an excision of the hook of the hamate usually returns claimants to their preinjury level of activity. Given the claimant's understanding of nonunion, failed conservative care, and time frame from injury, the role of surgical excision appears to be medically necessary at present.

pre-operative electrocardiogram (EKG): Upheld

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), Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure, Preoperative electrocardiogram (ECG)

Decision rationale: Based on Official Disability Guidelines criteria, as California ACOEM Guidelines are silent, preoperative electrocardiogram is not supported in this case. The records do not indicate the claimant to be with acute cardiac risk factor or demonstration of additional risk factors that would put her at an intermediate or high risk of cardiac complication. Based on the claimant's clinical records for review, the role of electrocardiogram would not be supported as medically necessary at present.