

Case Number:	CM13-0029176		
Date Assigned:	03/17/2014	Date of Injury:	01/12/2010
Decision Date:	05/07/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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 claimant is a 60-year-old gentleman who was injured in a work related accident on January 12, 2010. The clinical records provided for review included an assessment dated August 12, 2013 that noted continued complaints of radial sided left wrist pain. It noted that the claimant was status post a carpal tunnel release procedure with continued complaints of postoperative pain. Physical examination findings demonstrated tenderness to palpation, but no disruption at the DRUJ. There was tenderness at the snuff box and pain over the FCR. Working diagnosis was carpal tunnel syndrome with degenerative changes of the left wrist and an element of FCR tendonitis ad documented that the claimant has failed conservative care. A variety of treatment options were recommended pertaining to surgery to include the possibility of proximal row corpectomy, scaphoid excision, four corner fusion, as well as an arthroscopy. Ultimately, the claimant and treating physician decided upon a left wrist arthroscopy with distal scaphoid excision and an FCR debridement. X-rays of the wrist reviewed from that date, August 12, 2013, revealed significant STT degenerative changes with a degree of radioscapoid arthrosis. No other imaging reports were available. Conservative treatment has included medications but no other treatment was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT DISTAL SCAPHIOD EXCISION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation JOURNAL OF HAND SURGERY 1994 JAN: 19(1):134-42.

Decision rationale: The California MTUS, ACOEM and Official Disability Guidelines do not address this surgical request. When looking at an Orthopedic Literature Review, the request for distal scaphoid excision cannot be supported. While the claimant is noted to have degenerative changes at the STT joint, there is currently no indication of conservative treatment for the symptoms other than medication management over the past several months. The lack of documentation of conservative care or benefit from conservative care would fail to support the proposed surgery in treatment of the degenerative process. The specific request in this case would not be indicated.

LEFT WRIST ARTHROSCOPY: 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.

BILATERAL CARPAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,270.

Decision rationale: Based upon the ACOEM Guidelines the request for bilateral carpal tunnel release procedures cannot be recommended as medically necessary. The claimant presents with pain but there is no documentation of numbness consistent with the diagnosis of carpal tunnel syndrome. It is indicated the claimant has already had a left carpal tunnel release procedure. There is no current documentation of postoperative electrodiagnostic study for review. The role of carpal tunnel release procedure would not be indicated.

PRE-OP; CBC, BMP, EKG BETWEEN 8/12/2013 AND 10/15/2013: 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.

PRE-OP CHEST X-RAY BETWEEN 8/12/2013 AND 10/15/2013: 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.

12 POST-OP PHYSICAL THERAPY SESSIONS BETWEEN 8/12/2013 AND 10/15/2013:
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.

SURGERY CLEARANCE BETWEEN 8/12/2013 AND 10/15/2013: 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.