

Case Number:	CM13-0029654		
Date Assigned:	11/01/2013	Date of Injury:	09/13/2012
Decision Date:	02/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/27/2013

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 has a subspecialty in Shoulder and Elbow 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 patient is a 54-year-old male who reported an injury on 09/13/2012 after lifting a box weighing approximately 45 pounds causing injury to the left elbow and left hand. The patient was conservatively treated with physical therapy and medications. The patient underwent an EMG/NCV that did not reveal any abnormal findings. The patient underwent an MRI of the wrist that revealed DJD and cyst formation along the ulnocarpal articulation with degenerative changes in the TFCC. The patient's most recent physical findings included ulnar sided wrist pain with no other obvious abnormalities. The patient's diagnoses included ulnar sided wrist pain with questionable triangular fibrocartilage complex injury and questionable ulnar positive variance. The patient's treatment plan included diagnostic arthroscopy

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist diagnostic arthroscopy with assistant surgeon: 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) and the American College of Surgeons, Physicians as Assistant Surgeons, 2011.

Decision rationale: The requested left wrist diagnostic arthroscopy with assistant surgeon is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain that has been unresponsive to conservative treatments. However, American College of Occupational and Environmental Medicine recommends surgical intervention when there is imaging studies that provide evidence of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review did indicate that the patient had undergone an MRI; however, this was not provided for review. Official Disability Guidelines recommend diagnostic arthroscopy for patients who have persistent pain that has failed to respond to conservative treatments, have negative results on imaging. The clinical documentation submitted for review did provide evidence of x-rays but did not reveal any abnormal findings and were inconsistent with the patient's clinical presentation. Therefore, diagnostic arthroscopy would be indicated for this patient. However, the American College of Surgeons states that an assistant surgeon is not needed for this type of surgery. Although the surgery may be indicated, the request as it is written includes an assistant surgeon which is not supported. As such, the requested left wrist diagnostic arthroscopy with assistant surgeon is not medically necessary or appropriate.

Post-operative physical therapy three (3) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested postoperative physical therapy 3 times a week for 4 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does not support surgical intervention at this time. Therefore, postoperative care would not be indicated. California Medical Treatment Utilization Schedule does recommend postoperative physical therapy after surgical intervention. However, as the requested surgery would be diagnostic in nature, there would be no way to determine what type of postoperative physical therapy and the duration of treatment that would be needed prior to this intervention. As such, the requested postoperative physical therapy 3 times a week for 4 weeks is not medically necessary or appropriate

A forearm custom splint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

Decision rationale: The requested forearm custom splint is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does support prolonged postoperative splinting as an option. However, as the clinical documentation does not

support the requested surgery, postoperative care would not be indicated. As such, the requested forearm custom splint is not medically necessary or appropriate.