

Case Number:	CM13-0032693		
Date Assigned:	12/11/2013	Date of Injury:	09/15/2008
Decision Date:	02/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/08/2013

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 33-year-old female who reported an injury on 09/15/2008. The patient was diagnosed with an ulnar nerve lesion and tenosynovitis of the hand and wrist. The patient was seen by the provider on 08/06/2013. It was noted that the patient underwent a right wrist arthroscopy revision on 04/30/2012. The patient has also undergone a previous wrist arthroscopy and triangular fibrocartilage complex (TFCC) repair on 11/10/2009. Physical examination revealed 45 degrees of flexion and extension of the right wrist with mild tenderness to palpation. The treatment recommendations included authorization for a magnetic resonance imaging (MRI) of the wrist and a wrist arthroscopy and debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 wrist arthroscopy and debridement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Diagnostic Arthroscopy

Decision rationale: The California MTUS/ACOEM indicate that a referral for a hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. The Official Disability Guidelines (ODG) state that a diagnostic arthroscopy is recommended as an option if there are negative results on imaging, but symptoms continue after 4 to 12 weeks of conservative treatment. As per the clinical notes submitted for review, the patient has previously undergone 2 right wrist arthroscopic procedures. There is no indication of a residual or a recurrent triangular fibrocartilage complex (TFCC) tear. There were no imaging studies or plain films submitted for review. There was also no evidence of a failure to respond to recent conservative treatment. Based on the clinical information received, the patient does not currently meet the criteria for the requested procedure. As such, the request is non-certified.

Prospective request for 1 MRI of the wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand, and wrist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Magnetic Resonance Imaging

Decision rationale: The California MTUS/ACOEM indicate that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The Official Disability Guidelines (ODG) state that indications for imaging include acute hand or wrist trauma and chronic wrist pain with normal plain films and suspicion for tumor or Kienbock's disease. There were no plain films obtained prior to the request for a magnetic resonance imaging (MRI). The patient has a history of a triangular fibrocartilage complex (TFCC) tear, which was repaired surgically in 2009, followed by a subsequent arthroscopy completed on 04/30/2013. The medical necessity for the requested service has not been established; therefore, the request is non-certified.