

Case Number:	CM13-0064189		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2011
Decision Date:	05/02/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 patient is a 47-year-old male who reported an injury on 08/29/2011. The mechanism of injury was not provided for review. The patient ultimately underwent an extensive fasciotomy, extensor and flexor carpi ulnaris and stripping of the periosteum right ulnar in 03/2013. The patient was treated postoperatively with physical therapy and a home exercise program. The patient's pain returned after returning to work and participating in repetitive motion with the use of a pallet jack that was aggravating the patient's upper extremity symptoms. The patient was not accommodated with activity modifications in the work environment, and the patient's pain complaints redeveloped. As the patient's surgical intervention was previously successful, a repeat surgical intervention was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT FASCIOTOMY DISTAL ASPECT RIGHT ULNAR: 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.

Decision rationale: ACOEM Guidelines recommend surgical intervention for wrist and elbow complaints for patients who have documentation of physical limitations supported by an imaging study that had failed to respond to conservative treatments and would benefit from long-term surgical intervention. The clinical documentation submitted for review indicated that the patient has already undergone this surgical intervention in 03/2013. The documentation does indicate that the patient did have benefit from this intervention until the patient returned to work, and the repetitive nature of the patient's work environment caused an increase in symptoms. Therefore, surgical intervention would not be supported as a long-term solution to the patient's physical deficits. As such, the requested right facetectomy of the distal aspect of the right ulnar is not medically necessary or appropriate.

POST OP OCCUPATIONAL THERAPY 3X4: 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.

POST OP CUSTOM SPLINT: 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.