MAXIMUS Federal Services

Case Number:	CM13-0069646		
Date Assigned:	06/23/2014	Date of Injury:	01/16/2013
Decision Date:	08/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 Texas. 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 39-year-old female who reported an injury on 01/16/2013. The mechanism of injury was not provided for review. The patient's treatment history included physical therapy, splinting, nonsteroidal anti-inflammatory drugs (NSAIDs), and corticosteroid injections. The injured worker underwent an electrodiagnostic study of the right upper extremity on 09/25/2013 that documented there were no abnormal findings. The injured worker was evaluated on 11/13/2013. It was noted that the patient had persistent right wrist pain unresponsive to conservative care. Physical findings included tenderness over the dorsal ulnar aspect of the wrist. The injured worker's diagnoses included ligamentous injury of the right wrist. It was noted that the patient had undergone an MRI; however, an independent report of that study was not provided to support the need for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST ARTHROSCOPY: 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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Diagnostic Arthoscopy.

Decision rationale: ACOEM Guidelines recommend surgical intervention for the wrist when there are clear clinical findings of a lesion supported by an imaging or electrodiagnostic study that would benefit both long and short term from surgical intervention. The clinical documentation submitted for review does not provide any evidence that the patient has any abnormalities on the electrodiagnostic study. There is mention of an MRI; however, this was not provided for review. Due to the lack of diagnostic studies, surgical intervention would not be supported at this time. Additionally, the request as it is submitted does not specifically identify the type of surgery being requested. It could be assumed this is a diagnostic arthroscopy. Official Disability Guidelines recommend diagnostic arthroscopy for patients who have persistent symptoms and there are inconsistent results between the physical examination and an imaging study. The clinical documentation did not provide an imaging study. Therefore, the appropriateness of a diagnostic arthroscopy cannot be determined. As such, the request is not medically necessary.