

Case Number:	CM14-0001404		
Date Assigned:	01/22/2014	Date of Injury:	07/25/2011
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Physical Medicine & Rehabilitation and Pain Medicine. 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 injured worker is a 45-year-old male who reported an injury on 07/25/2011. The mechanism of injury was the injured worker was feeding a piece of wood into a power saw and the wood splintered and part of the wood struck his right forearm. The injured worker had an open debridement of a large splinter. The injured worker had an MRI of the left forearm without contrast which was normal on 03/15/2013. The documentation of 11/21/2013 revealed the injured worker had entrapment neuropathy of the median nerve at the left wrist with mild slowing of nerve conduction velocity (carpal tunnel syndrome), entrapment neuropathy of the ulnar nerve across the left elbow with very mild slowing of nerve conduction velocity (cubital tunnel syndrome) and no electrophysiologic evidence of entrapment neuropathy on the left radial nerve, and no electrophysiologic evidence to support motor radiculopathy in the left upper extremity. There was no DWC Form RFA nor PR-2 submitted for the requested procedure. The diagnosis was foreign body, forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY OF LEFT WRIST: 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 Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Diagnostic Arthroscopy

Decision rationale: The Official Disability Guidelines recommend a diagnostic arthroscopy if there are negative results on imaging but symptoms continue after 4 to 12 weeks of conservative treatment. There was no specific procedure requested and, as such, the diagnostic arthroscopy guidelines were applied. The clinical documentation submitted for review indicated the injured worker had carpal tunnel syndrome. There were no objective findings of carpal tunnel syndrome. There was no documented PR-2 nor DWC Form RFA requesting a specific procedure. Given the above, the request for arthroscopy of the left wrist is not medically necessary.

PRE OPERATIVE MEDICAL CLEARANCE: 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 med necessary, none of the associated services are medically necessary.

DME COLD THERAPY RENTAL: 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 med necessary, none of the associated services are medically necessary.

POST OPERATIVE BRACING: 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 med necessary, none of the associated services are medically necessary.

POST OPERATIVE PHYSICAL 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 med necessary, none of the associated services are medically necessary.