

Case Number:	CM14-0002829		
Date Assigned:	01/29/2014	Date of Injury:	09/12/2008
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 50-year-old female who has submitted a claim for right carpal tunnel syndrome associated with an industrial injury date of September 12, 2008. The patient complains of right wrist pain grade 10/10 without pain medications, and 8-9/10 with Tylenol. This is accompanied by frequent numbness, tingling and spasms. Gabapentin helps to decrease the intensity and frequency of numbness and tingling; while Flexeril helps decrease the spasms. Physical examination of the right wrist revealed limitation of motion; tenderness along the wrist joint and palmar ulnar joint as well as extensor carpi ulnaris; weak grip strength at 3+/5; and weak wrist flexion and bilateral extension at 3+/5. The patient was diagnosed with right wrist joint inflammation status post arthroscopy, synovectomy, debridement and triangular fibrocartilage complex ligament repair (2/27/2012) and carpal tunnel syndrome, right, with negative nerve studies. An MRI of the right wrist was obtained on July 5, 2012 and showed tear along the scapholunate ligament including tendinopathy at the extensor carpi ulnaris tendon. She had received 2 cortisone injections for the right wrist but did not afford pain relief. The patient was then recommended for right wrist arthroscopy, evaluation of extensor carpi ulnaris sheath and release of synovium as well as possible ulnar shortening and a 21-day rental polar care unit for the purpose of pain reduction and improving functionality. Treatment to date has included oral and topical analgesics, muscle relaxants, TENS, splinting, home exercises, chiropractic therapy, hot/cold modalities, wrist corticosteroid injections, and physical therapy. Utilization review from December 27, 2013 denied the request for wrist arthroscopy with evaluation of extensor carpi ulnaris sheath and release of synovium as well as possible ulnar shortening. The documents submitted did not provide imaging evidence supporting a need for a possible ulnar shortening osteotomy; and the current information did not adequately document the imaging findings

correlating with the wrist examination supporting the extensor carpi ulnaris sheath evaluation and synovium release.

IMR ISSUES, DECISIONS AND RATIONALES

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

WRIST ARTHROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, MRI.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines Forearm, Wrist, & Hand Chapter was used instead. ODG states that diagnostic arthroscopy is recommended as an option if imaging shows negative results, but symptoms continue after 4-12 weeks of conservative treatment. Patients with persistent symptoms are likely to have sustained ligament injuries despite normal radiographs; hence, an arthroscopy is recommended for diagnosis and repair. The MRI topic of the same chapter states that arthroscopy may be more accurate than imaging studies and treatment can be performed along with the diagnosis. In this case, the patient has been complaining of chronic right wrist pain, which was unresponsive to conservative treatment, including cortisone injections. An MRI of the right wrist showed tear along the scapholunate ligament including tendinopathy at the extensor carpi ulnaris tendon. A right wrist arthroscopy for evaluation of extensor carpi ulnaris sheath and release of synovium as well as possible ulnar shortening was recommended. The guidelines recommend arthroscopy in this case, as this is more accurate than imaging studies; and diagnosis and treatment may be performed at the same time. The medical necessity has been established. Although the present request failed to specify the laterality, medical necessity has been established for the proposed surgical treatment of the right wrist.