

Case Number:	CM14-0003695		
Date Assigned:	01/15/2014	Date of Injury:	09/12/2013
Decision Date:	05/08/2014	UR Denial Date:	12/20/2013
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, has a subspecialty in Hand and Upper Extremity 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 claimant is a 56-year-old male who reported acute right wrist and hand pain following a September 12, 2013 injury, while shifting a tractor at work. A December 16, 2013, progress (PR2) report notes mild improvement, with conservative care and continued complaints. The physical examination indicated full range of motion, moderate tenderness and increased pain with gripping and grasping. The claimant was diagnosed with a wrist strain. A December 5, 2013 MRI report, documented a ganglion cyst along the dorsal aspect of the wrist with a moderate ulnar minus variance, osteophytic ridging, multiple cysts and inflammatory tenosynovitis to the second extensor compartment tendons. On December 23, 2013, [REDACTED] reviewed the claimant's clinical findings and recommended surgical arthroscopy to remove a ganglion and treat wrist tendinosis. This request is for right wrist arthroscopy/surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

WRIST ARTHROSCOPY/SURGERY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),

TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: FOREARM, WRIST, HAND PROCEDURE CHAPTER - DIAGNOSTIC ARTHROSCOPY.

Decision rationale: Based on the Official Disability Guidelines the request for diagnostic arthroscopy of the wrist appears warranted. The records indicate that the claimant failed three (3) months of conservative care. The imaging documents evidence of ulnar minus variance and inflammatory tenosynovitis. The employee had continued clinical findings on exam. According to the Official Disability Guidelines, a diagnostic arthroscopy is recommended as an option after four to twelve (4-12) weeks of conservative care, with continued complaints of pain despite normal radiographs. The claimant meets the clinical criteria for wrist arthroscopy. The procedure is medically necessary.