MAXIMUS Federal Services

Case Number:	CM14-0008087		
Date Assigned:	02/12/2014	Date of Injury:	11/08/2011
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 Hand Surgery, and is licensed to practice in Oregon. 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:

This is a 36-year-old male with an 11/8/11 date of injury. He sustained a specific injury to his right wrist while practicing a maneuver during an [redacted]. The diagnosis is a sprain of the distal radioulnar joint (DRUJ) on the right, status post pinning; arthritis of the distal radioulnar joint; and cubital tunnel syndrome on the right. The 12/23/13 progress note stated that the patient obtained only slight temporary improvement in pain following injection into the DRUJ and the pain has since returned. She complains of associated instability over the right wrist, and DRUJ/ulnar aspect, and pain radiating to the medial elbow. There are complaints of intermittent numbness and tingling in the little and ring finger, as well as up to the right shoulder. Objective findings included tenderness over the DRUJ, slight swelling over the ulnar aspect of the wrist, pain with supination and pronation over the DRUJ, and laxity with stressing of the DRUJ volar and dorsal stress. Watsons clunk test was negative. A 2/6/13 MRI of the right wrist revealed a metallic artifact seen in the lateral soft tissues of the wrist at the level of the distal radius that could reflect postsurgical changes. Osseous structures were intact and normal with normal bone marrow and cortical signal intensity. Joint spaces are normally preserved. The TFCC was visualized and intact and normal. Soft tissues were intact and normal and no abnormal fluid accumulations were seen. Treatment to date has included 34 sessions of occupational therapy, K wire pinning on 1/4/12 and then subsequent removal of the K wire on 2/13/12, acupuncture, a home trial of TENS, wrist bracing, a cortisone injection to the DRUJ on 12/2/13, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST ARTHROSCOPY WITH QUESTIONABLE TFC DEBRIDEMENT WITH RECONSTRUCTION OF THE ORUJ (ADAMS PROCEDURE): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Diagnostic Arthroscopy.

Decision rationale: According to the ACOEM guidelines, Chapter 11, page 270, referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. These guidelines are met. The patient has dorsal subluxation of her distal radial ulnar joint. This is a clinical diagnosis. She has failed an extensive trial of conservative therapy and pinning of the DRUJ. She continues to have subluxation and pain with pronation and supination. An Adams procedure is appropriate to stabilize the DRUJ. Arthroscopy is also necessary. Per the Official Disability Guidelines, diagnostic arthroscopy is recommended as an option if there are negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. This study assessed the role of diagnostic arthroscopy following a wrist injury in patients with normal standard radiographs, an unclear clinical diagnosis, and persistent severe pain for 4-12 weeks. Patients with marked persistent post-traumatic symptoms despite conservative management are likely to have sustained ligament injuries despite normal radiographs. It is recommended that under these circumstances an arthroscopy may be carried out as soon as four weeks if the patient and surgeon wish to acutely repair significant ligament injuries. This patient has a negative MRI but symptoms and severe pain. The ODG criteria are met. As such, the request is medically necessary.

POSTOPERATIVE THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS TO THE RIGHT WRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: Per the MTUS Postsurgical Treatment Guidelines, 10 physical therapy visits over 10 weeks are recommended status post arthroscopic debridement for TFCC injuries. The request for 8 visits falls within the guidelines for postoperative therapy following arthroscopy. DRUJ reconstruction will also be performed, and therapy will be beneficial for this surgery as well. As such, the request is medically necessary.