

<b>Case Number:</b>	CM14-0112559		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 claimant is a 50 year-old gentleman who was injured on 8/15/13 and has a current diagnosis of left wrist contusion. The clinical report of 6/4/14 notes continued complaints of left wrist and hand pain. Objectively, on examination, there's tenderness to palpation diffusely with "spasming," range of motion of the wrist was described as restricted in all planes. Working diagnosis was left wrist contusion, rule out scaphoid fracture. It was documented that at that time the left wrist MRI performed on 02/17/14 was reviewed showing an effusion and synovitis with diffuse tendinitis, but no ligamentous or cartilage tearing. Based on failed conservative care, the recommendation was made for wrist arthroscopy. There is no other documentation of imaging reports for review and the specific conservative treatment provided to the claimant was also not noted. This review is for left wrist arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: forearm, wrist,

hand procedure Diagnostic arthroscopy Recommended as an option if 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 at 4 to

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the request for left wrist arthroscopy cannot be supported. The medical records do not document the conservative treatment that has failed to improve the claimant's symptoms. The physical examination findings are diffuse and there is no working diagnosis that would support a wrist arthroscopy procedure. The ACOEM Guidelines recommend evidence of physical examination findings and imaging findings that would support the need for surgery. Given the claimant's diffuse clinical presentation, the requested surgical process from a diagnostic standpoint would not be supported.