

Case Number:	CM14-0161458		
Date Assigned:	10/07/2014	Date of Injury:	08/26/2011
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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:

65-year-old female with reported industrial injury of August 26, 2011. Operative report from May 9, 2012 demonstrates a prior scaphoid repair service. Examination indicates a compression screw was utilized. All side medical examination from September 13, 2013 demonstrates ongoing complaints of left wrist pain. Examination discloses a healed scar in the radial aspect of the left wrist. No obvious deformities were identified. Wrist extension was 60 with 40 of wrist flexion. Pain is noted on palpation of the dorsal aspect of the wrist capsule. Grip strength deficits were identified in the left. CT scan of the left wrist dated June 26, 2014. Demonstrates a prior open reduction internal fixation mid scaphoid fracture. Exam note August 4, 2014 demonstrates the patient has undergone a left wrist injection. It is noted that the patient had temporary improvement persistent radial sided pain in wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthroscopy with possible radial styloidectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand chapter and low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management 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. In this case the exam note from August 4th 2014 does not demonstrate evidence of failure of conservative management with bracing or activity modification. In addition there is no clear surgical lesion on CT scan from 6/26/14 to warrant surgical care. Therefore the Left wrist arthroscopy with possible radial styloidectomy is not medically necessary.

Labs: CBC, BMP, EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-operative Physical Therapy 2 x 4 week: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.