

Case Number:	CM14-0162360		
Date Assigned:	10/07/2014	Date of Injury:	06/19/2014
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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:

58-year-old female claimant with an industrial injury dated 06/19/14. The patient is status post a bilateral total knee replacement in 2010. Current medications include Nabumetone. Conservative treatments include physical therapy, a volar wrist splint, and medications. MRI of the left wrist dated 08/05/14 demonstrates degeneration and contusion of the triangular fibrocartilage complex with tendinosis of the extensor carpi ulnar is tendon and grade II strain of the scapholunate ligament. In addition, there was moderate arthrosis of the thumb basal joint. Exam note 08/27/14 states the patient returns with swelling and pain in her wrist. The patient explains that the pain is restricting her range of motion. Upon physical exam the patient had pain over the lunate fossa with a positive Watson's maneuver. The distal radioulnar joint was stable and the patient had no weakness or numbness in the fingers. Range of motion of the left wrist was noted as 60' dorsiflexion, 30' volar flexion, 5' radial deviation, and 40' ulnar deviation. The patient had grip strength of 20/20/20 on the left for the three sets and 30/30/30 on the right. There was no evidence of tenderness to palpation on the wrist and no wrist instability. Treatment includes a 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand chapter

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 8/27/14 does not demonstrate evidence of failure of conservative management with bracing, activity modification or injection. In addition there is no clear surgical lesion on MRI from 8/5/14 to warrant surgical care. Therefore the request is not medically necessary.

Pre-operative physical examination: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative laboratory works (basic chem/metabolic panel, complete blood count):
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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrocardiogram (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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

