

Case Number:	CM14-0171792		
Date Assigned:	10/23/2014	Date of Injury:	05/10/2005
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/17/2014

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:

According to the records made available for review, this is a 62-year-old female with a 5/10/05 date of injury, and right wrist arthroscopy with synovectomy and debridement of triangular fibrocartilage complex (unspecified date). At the time (8/26/14) of request for authorization for revision right wrist arthroscopy with synovectomy and debridement and with exploration and neurolysis of the dorsal ulnar sensory nerve, there is documentation of subjective (chronic right ulnar-sided wrist pain) and objective (tenderness over the triangular fibrocartilage complex and ulnar aspect of the right wrist, diminished grip strength, positive Tinel's sign over the dorsal intersensory branch of the ulnar nerve, and positive ulnar impaction test) findings, current diagnoses (chronic regional pain syndrome of the right upper extremity and possible neurapraxia of the right dorsal ulnar sensory nerve), and treatment to date (medications, corticosteroid injections, splinting, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision right wrist arthroscopy with synovectomy and debridement with exploration and neurolysis of the dorsal ulnar sensory nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand Chapter, Diagnostic Arthroscopy

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of wrist/hand complaints, red flags of a serious nature, failure to respond to conservative management (including splinting and injections), and 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, as criteria necessary to support the medical necessity of right wrist arthroscopy. Within the medical information available for review, there is documentation of diagnoses of chronic regional pain syndrome of the right upper extremity and possible neurapraxia of the right dorsal ulnar sensory nerve. In addition, there is documentation of wrist/hand complaints, failure to respond to conservative management (including splinting and injections), and clear clinical and special study evidence of a lesion. However, despite documentation of subjective findings (chronic right ulnar-sided wrist pain), given documentation of a diagnosis of chronic regional pain syndrome and previous requests for psychotherapy, there is no documentation of a psych evaluation/clearance indicating realistic expectations and clearance for the procedure; therefore, based on guidelines and a review of the evidence, the request not medically necessary.