

Case Number:	CM14-0023650		
Date Assigned:	06/13/2014	Date of Injury:	09/25/2012
Decision Date:	08/05/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Texas. 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 injured worker is a 56-year-old male who reported an injury on 09/25/2012 after striking a dummy during a training exercise. The injured worker reportedly sustained an injury to his right wrist and right shoulder. A request was made for surgical intervention of the right wrist. However, the injured worker was not cleared for surgery secondary to uncontrolled blood sugars. The injured worker was evaluated on 01/27/2014. It was documented that the injured worker continued to complain of right shoulder and right wrist pain, rated at a 6/10. The physical findings included full range of motion of the right wrist with a positive Durkin's, positive Tinel's and positive Phalen's signs. A request was made for surgical intervention to the right wrist, medical clearance prior to surgical intervention, and postsurgical treatment modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENSOYNOVECTOMY OF THE ABDUCTO POLLICIS LONGUS AND THE EXTENSOR POLLICIS BREVIS OF THE RIGHT THUMB QTY: 1.00: Upheld

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): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical interventions for injured workers who have significant limitations identified with physical examination, supported by an electrodiagnostic study and/or an imaging study to corroborate pathology, and who have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence of diagnostic measures to support the need for surgical intervention. It is not within the documentation that the requested surgery was previously authorized; however, it could not be rendered to a lack of medical clearance for surgical intervention. However, the submitted documentation did not provide diagnostic evidence to support the necessity of the continued need for surgical intervention. As such, the requested tenosynovectomy of the abductor pollicis longus and the extensor pollicis brevis of the right thumb are not medically necessary.

**NEUROLYSIS OF THE DORSAL SENSORY BRANCH OF THE RADIAL NERVE
RIGHT WRIST QTY: 1.00: Upheld**

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): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical interventions for injured workers who have significant limitations identified with physical examination, supported by an electrodiagnostic study and/or an imaging study to corroborate pathology, and who have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence of diagnostic measures to support the need for surgical intervention. It is not within the documentation that the requested surgery was previously authorized; however, it could not be rendered to a lack of medical clearance for surgical intervention. However, the submitted documentation did not provide diagnostic evidence to support the necessity of the continued need for surgical intervention. As such, the requested neurolysis of the dorsal sensory branch of the radial nerve, right wrist is not medically necessary.

PRE-SURGICAL MEDICAL CLEARANCE CONSULT QTY: 1.00: 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.

CHEST X-RAY PA & LATERAL VIEWS QTY: 1.00: 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) QTY: 1.00: 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.

PULMONARY FUNCTION TEST QTY: 1.00: 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.

URINALYSIS (UA) QTY: 1.00: 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.

COMPREHENSIVE METABOLIC PANEL QTY: 1.00: 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.

PARTIAL PROTHROMBIN TIME (PTT) QTY: 1.00: 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.

PROTHROMBIN TIME (PT) QTY: 1.00: 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.

COMPETE BLOOD COUNT QTY: 1.00: 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.

HEMOGLOBIN A1C FOR DIABETICS QTY: 1.00: 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.

PHYSICAL THERAPY RIGHT WRIST/HAND POST-OPERATIVE QTY: 1.00: 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.

ICE MACHINE PURCHASE WITH SUPPLIES QTY:: 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.

SMART GLOVE PURCHASE QTY: 1.00: 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.