

Case Number:	CM14-0024470		
Date Assigned:	06/11/2014	Date of Injury:	03/21/2013
Decision Date:	07/30/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/26/2014

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 53-year-old male who reported an injury on 03/21/2013 due to a fall which reportedly caused injury to the left wrist. The injured worker's treatment had included physical therapy, Vicodin, and nonsteroidal anti-inflammatory drugs. The injured worker was evaluated on 01/09/2014. It was documented that the injured worker had failed to respond to physical therapy and medications. Physical findings included tenderness over the dorsal wrist with diminished grip strength of the left hand when compared to the right and a positive cubital tunnel Tinel's. The injured worker's diagnosis included Kienbock's disease of the left wrist stage 3B. Surgical intervention was recommended. The injured worker underwent an x-ray of the left wrist on 01/09/2014 that documented there were findings compatible with Kienbock's disease with associated narrowing of the radial ulna joint. The injured worker was evaluated again on 02/13/2014. It was documented that the injured worker had continued pain rated at a 5/10. It was noted that the injured worker had been taking Tylenol without much relief. It was also noted that the injured worker had not worked with any type of physical therapy. The injured worker's treatment plan included a proximal row carpectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROXIMAL ROW CARPECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM Guidelines recommends surgical intervention for the wrist when there are clear clinical examination findings supported by an imaging study of a lesion that would benefit both long and short term from surgical intervention and has not responded to conservative treatment. The clinical documentation submitted for review does indicate in the initial documentation reviewed that the patient had failed to respond to physical therapy. However, in the clinical note from 02/2014, it is noted that the patient had not participated in any type of physical therapy. Due to the inconsistencies in the documentation, there is no way to determine whether the patient has failed conservative treatments or not. Therefore, the appropriateness of surgical intervention cannot be determined. As such, the requested proximal row carpectomy is not medically necessary or appropriate.