

Case Number:	CM14-0026731		
Date Assigned:	06/13/2014	Date of Injury:	02/17/2012
Decision Date:	08/13/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Surgeon and Hand Surgeon 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 24-year-old female who reported an injury on 02/17/2012. The mechanism of injury was not stated. Current diagnoses include status post right TFCC repair, decreased range of motion in the right wrist, right lateral epicondylitis, left lateral epicondylitis, history of left dorsal ganglion cyst, history of right dorsal ganglion cyst, and resolved right and left carpal tunnel syndrome. The injured worker was evaluated on 12/07/2013. It is noted that an AME report completed on 08/20/2013 indicated future medical treatment as a possible repeat arthroscopy with lysis of adhesions and manipulation under anesthesia. Physical examination on that date revealed limited range of motion of the right wrist, 35 degrees supination, 30 degree ulnar deviation, 18 degree radial deviation, 85 degree dorsiflexion, and 75 degree volar flexion. Treatment recommendations at that time included repeat right wrist surgery. It is noted that the injured worker underwent an MRI of the right wrist on 10/23/2013, which indicated a nondisplaced fracture of the ulnar styloid process, subchondral cyst formation, unremarkable triangular fibrocartilage complex, and intact wrist ligaments.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST EXPLORATION, RIGHT TFCC (TRIANGULAR FIBROCARILAGE COMPLEX) REPAIR AND RIGHT WRIST MANIPULATION UNDER ANESTHESIA:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINES, FOREARM, WRIST AND HAND.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Triangular fibrocartilage complex (TFCC) reconstruction, Manipulation under anesthesia (MUA).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. As per the documentation submitted, there is no evidence of a TFCC tear upon imaging study. There is no mention of an exhaustion of conservative treatment prior to the request for a repeat surgical procedure. Additionally, the Official Disability Guidelines state manipulation under anesthesia is not recommended for the wrist, hand, or fingers. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

MEDICAL CLEARANCE: 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 surgical procedure is not medically necessary, none of the associated services, such as the current request, are medically necessary. Therefore, the request is not medically necessary.