MAXIMUS Federal Services

Case Number:	CM14-0027306		
Date Assigned:	06/13/2014	Date of Injury:	07/29/2011
Decision Date:	08/11/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 54-year-old female who reported an injury on 07/29/2011. Within the documentation provided, the mechanism of injury was noted as a result of the injured worker falling backwards and landing on the right wrist. The review of medical records noted an electronic diagnostic study 12/07/2012, which noted an impression of electronic diagnostic study is abnormal, there is evidence of mild left elbow ulnar motor neuropathy at the cubital tunnel, evidence of bilateral mild left greater than right wrist ulnar sensory neuropathy at Guyon's canal, no evidence of right elbow ulnar neuropathy, no evidence of bilateral upper extremity localized median or radial neuropathy and no evidence of cervical radiculopathy or brachial plexopathy. In the documentation, there was noted an a magnetic resonance imaging (MRI) on 03/04/2013; the noted impression was marked irregularity of the ulnar lamina of the TFCC, compatible with degeneration and probable tear; consider a correlation with magnetic resonance (MR) arthrogram. Noted on 08/15/2013, the injured worker underwent a third surgery to her right wrist which included reconstruction of the TFCC, ulnar shortening osteotomy procedure and a right carpal tunnel release. Postoperatively the injured worker had 4 additional weeks of physical therapy that the injured worker noted improved mobility and strength but continued to have pain in the right forearm and elbow. The clinical note dated 04/21/2014 noted the injured worker complained of persistent numbness affecting the right hand with progressive loss of strength and dexterity. The injured worker noted the numbness as constant and having substantial tenderness over the retained hardware in the distal forearm. The physical examination noted focal tenderness directly over the carpal tunnel on the right side, as well as Guyon's canal. In addition Tinel's, Phalen's, Durkin's and pressure provocative testing over the Guyon's canal were all positive. Cubital tunnel compression and elbow flexion tests were also positive. Pronator compression test on the right and all provocative testing on the left were all negative. The

injured worker's history includes right distal radius fracture, external fixator placement of the right distal radius fracture, removal of external fixator with open reduction and internal fixation of the distal radius fracture, hardware removal of right wrist, right wrist carpal tunnel and Guyon's canal decompression with capsulorrhaphy and stabilization of distal radial ulnar joint with triangular fibrocartilage complex (TFCC) repair and ulnar shortening osteotomy, history consistent with left ulnar neuritis, and persistent right median and ulnar neuropathy. The documentation provided noted that previous treatments included multiple steroid injections, wrist splinting, modified activity, and the use of anti-inflammatory medication. The documentation provided noted that the injured worker underwent an open reduction with placement of an external fixator for fracture repair for the right upper extremity then participated in postoperative physical therapy. The documentation further noted that approximately 6 weeks later a second surgical procedure was performed utilizing internal fixation and the injured worker continued an additional 12 weeks of therapy. The documentation provided noted the injured worker's medications as Voltaren 100 mg, Protonix 20 mg, and Ultram ER 150 mg. The provider request was for electrodiagnostic studies of the right upper extremity. The Request for Authorization Form dated 01/27/2014 was included within the documentation submitted for review. The rationale for the requested treatment was noted for prognostic purposes and to facilitate a decision in regards to maximal medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODIAGNOSTIC STUDIES OF THE RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition(web), 2014, Forearm,Wrist, Hand, Electrodiagnostic Studies(EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The injured worker has a history of pain to the right wrist and to have undergone multiple surgeries for treatment. CA MTUS/ACOEM state that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. The documentation provided noted the injured worker has undergone multiple surgeries, participated in physical therapy, and use of medications for treatment. However, there is a lack of documentation to indicate a lack of functional improvement was made during the previous 16+ weeks of physical therapy. There is also a lack of documentation to indicate that the current medicine regimen is not providing symptomatic relief and, thus, not improving on any functional deficits. Overall, there is also a lack of documentation to indicate any current functional deficits and failure of conservative care. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.