

Case Number:	CM14-0027860		
Date Assigned:	06/18/2014	Date of Injury:	01/03/2012
Decision Date:	07/25/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/05/2014

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:

This is a 34-year-old gentleman who injured his left hand on 1/3/12 when a box fell directly on it. The report of an MRI performed on 1/30/12 was documented as normal. The claimant continued to complain of pain and discomfort. The follow up report dated 10/31/13 notes that the claimant continued with restricted motion despite being treated conservatively for the past one and one-half years with medications, physical therapy, immobilization, and a previous injection with no significant benefit. Physical examination documented restricted wrist motion, tenderness along the extensor carpi ulnaris and pain in the dorsal aspect of the distal radioulnar joint. Based on failure of conservative care, at the 1/2/14 evaluation the physician recommended diagnostic arthroscopy and twelve sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic arthroscopy left wrist with debridement and/or repair of damaged structures as indicated: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines do not address this procedure. Based on the Official Disability Guidelines, the request for diagnostic arthroscopy of the left wrist would be supported. Official Disability Guidelines indicate that diagnostic arthroscopy is a reasonable option for wrist pain with negative imaging and after failing greater than 12 weeks of conservative care. This individual is has negative imaging and has continued wrist complaints that have thus far failed care including therapy, immobilization injections and medications. The specific surgical request would be supported as medically necessary.

Post op ot times twelve sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270-271.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines recommend up to 12 initial sessions of physical therapy following this procedure. The role of surgical arthroscopy to the wrist has been supported. The initial use of physical therapy to regain range of motion and strength would be medical necessary.