

Case Number:	CM14-0036248		
Date Assigned:	06/25/2014	Date of Injury:	05/29/2012
Decision Date:	08/13/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 is licensed to practice in Texas and Georgia. 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 60-year-old male who reported an injury on 05/29/2012 after a fall. The injured worker reportedly sustained an injury to the right hand and wrist. The injured worker's treatment history included physical therapy, medications and chiropractic care. The injured worker underwent an MRI of the right upper extremity on 11/12/2013 that noted that there was tearing through the dorsal and membranous aspects of the scapholunate ligament with widening of the scapholunate interval, thinning and thin perforation of the central triangular fibrocartilage and advanced degenerative changes of the carpometacarpal joint. The injured worker was evaluated on 02/14/2014. Physical findings included decreased range of motion of the right wrist, weakness of the right hand, swelling and soreness in the right wrist. The injured worker's diagnoses included right basal joint degenerative traumatic arthritis, right wrist chronic pain with loss of range of motion, closed right wrist injury and degenerative arthritis to the right hand. A request was made for a diagnostic arthroscopy in conjunction with basal joint arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic right wrist arthroscopy: Upheld

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

Treatment index, 12 edition (web), 2014, forearm, wrist and hand chapter, Arthroplast, finger and/or thumb (joint replacement), and diagnostic arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, Diagnostic Arthroscopy.

Decision rationale: The requested diagnostic right wrist arthroscopy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not specifically address this surgical intervention. The Official Disability Guidelines recommend a diagnostic wrist arthroscopy when the injured worker has failed to respond to conservative treatment, and physical findings are inconsistent with the pathology identified on imaging studies. The clinical documentation submitted for review does indicate that the injured worker has findings consistent with the pathology identified on the imaging study. Therefore, it is unclear why a diagnostic right wrist arthroscopy would be indicated in this clinical situation. As such, the requested diagnostic right wrist arthroscopy is not medically necessary or appropriate.