

<b>Case Number:</b>	CM14-0036816		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 49-year-old female who reported an injury on 12/01/2009. Prior treatments included injections and psychotherapy. The injured worker had an MRI of the left wrist without contrast on 10/24/2013. The MRI revealed that there were interosseous ganglion cysts of the scaphoid and lunate, associated with scapholunate ligament fraying and degeneration. Additionally, it stated that if indicated, an MR arthrogram could be obtained for better evaluation of the ligament. The mechanism of injury was packing boxes. The injured worker underwent a physical examination as per the most recent documentation on 09/26/2013, which revealed that the injured worker had some pain in the region of the finger and pain in the wrist area. The physical examination revealed tenderness to palpation just adjacent to the first dorsal compartment. There was no obvious mass. The injured worker's extension of the metacarpophalangeal joint was -5 degrees. The treatment plan included an MRI and a topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Arthroscopic Management and Debridement and Possible Thermocollagen Shrinkage:**  
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) , Knee Chapter, Electrothermal Coagulation Section.

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

**Decision rationale:** The ACOEM Guidelines indicate that a referral for a hand surgery consultation may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the long and short-term from surgical intervention. There was no DWC Form RFA or PR-2 submitted requesting the procedure. The request as submitted failed to indicate the body part to be treated. Given the above, the request for a left arthroscopic management and debridement and possible thermal collagen shrinkage is not medically necessary.

**Post-Operative Occupational Therapy 2 x week for 3 weeks:** 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 procedure is not medically necessary, none of the associated services are medically necessary.