

Case Number:	CM14-0037407		
Date Assigned:	07/25/2014	Date of Injury:	11/05/2012
Decision Date:	09/26/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 24-year-old female skin care consultant sustained an industrial injury on 11/6/12. The injury occurred while moving a very heavy box with two co-workers who lost their grip and the box suddenly rested on her, causing an acute left wrist strain. The 3/11/13 left wrist MR arthrogram showed no signs of any full thickness disruption of the scapholunate ligament and/or tears of the triangular fibrocartilage complex (TFCC). The 11/15/13 CT scan of the left upper extremity documented no evidence of fracture or scapholunate interval widening. Joint spaces were preserved and soft tissues were unremarkable. The 1/15/14 AME report indicated that the patient had improved with hand therapy, acupuncture, and time. The left wrist was less symptomatic. There was residual aching with repetitive activities or cold/damp weather. She reported the wrist was weak but no longer stiff and numbness and tingling had resolved. She denied grinding, catching, locking or popping. Physical exam documented diffuse tenderness over the TFCC. The patient was most tender at the flexor carpi radialis tendon insertion. There was no tenderness at the scapholunate junction. Active and passive range of motion was full, with discomfort at the end-range dorsiflexion centered over the insertion of the flexor carpi radialis tendon. There were no obvious signs of a focal carpal instability. The treatment plan recommended MRI to evaluate the flexor carpi radialis tendon and stress x-rays to rule-out occult carpal instability. The 2/24/14 treating physician report cited persistent left radial wrist pain. Left wrist exam documented tenderness over the scapholunate ligament. There was a positive Watson maneuver. There was no tenderness overlying the ulnar wrist or evidence of distal radioulnar joint instability. Grip strength was 60 pounds right and 40 pounds left. The diagnosis was clinical scapholunate ligament sprain. The patient had undergone exhaustive conservative medical management with persistent radial wrist pain and clinical instability of the scapholunate ligament. A diagnostic arthroscopy was requested to evaluate the dynamic instability of the intercarpal joints. The

patient was capable of continued modified work wearing a left wrist splint. The 3/5/14 utilization review denied the left wrist arthroscopy and associated requests as there was no imaging evidence of ligament pathology and no evidence of conservative treatment to the flexor carpi radialis region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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) Forearm, Wrist & Hand, Diagnostic arthroscopy.

Decision rationale: The California MTUS state that surgical consideration depends on the confirmed diagnosis of the presenting hand or wrist complaint. The patient should have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The Official Disability Guidelines state that diagnostic arthroscopy is recommended as an option if there are negative results on imaging but marked persistent symptoms continue after 4 to 12 weeks of conservative treatment. Guideline criteria have not been met. This patient has improved with prior conservative treatment with residual aching symptoms. Stress x-rays to evaluate carpal instability and MRI evaluation of the flexor carpi radialis tendon have been recommended. There is no imaging and limited clinical evidence to support the medical necessity of surgical intervention at this time. Therefore, this request is not medically necessary.

Pre Op Physical Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Labs CBC and BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Physical Therapy 2 X 4 left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-266, 272.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.