MAXIMUS Federal Services

Case Number:	CM14-0038420		
Date Assigned:	06/27/2014	Date of Injury:	08/29/2012
Decision Date:	08/15/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old male was reportedly injured on /29/2012. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note indicated that there were ongoing complaints of right wrist/thumb pains. The physical examination demonstrated right wrist: Positive tenderness to palpation overlying the first wrist extensor compartment as well as the third compartment with decreased prominence of the extensor pollicis longus (EPL) tendon, which is not very prominent with active extension but does have intact palpable tendon. Tenderness at the radial tunnel region, and mid-carpal and radial carpal wrist. Limited thumb extension to barely neutral versus hyperextension 30 left side. Tender around thenar eminence and volar A-1 pulley of thumb/MP region. Mild positive Finkelstein's test. Diagnostic imaging studies included an office ultrasound of the right wrist on 12/2/2013, which demonstrated extensor pollicis longus (EPL) with some decreased signal just distal to the extensor retinaculum. Difficult to tell whether there was continuity of the tendon or not. MRI of the right wrist (independent review) revealed degenerative changes throughout including mild scapholunate ligament degeneration. Report was reviewed. The extensor pollicis longus (EPL) tendon was difficult to tell whether it was in continuity. On 1/6/2014, an office ultrasound of right wrist demonstrated probable continuity of the extensor pollicis longus (EPL) tendon dorsally and unable to reveal whether it was prior injury or not. An 3/5/2014 eelctrodiagnostic study (EMG/NCS) of the right wrist demonstrated normal study. Previous treatment included medications, physical therapy and conservative treatment. A request was made for right wrist posterior/anterior interosseous nerve denervation trial nerve block and was not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist posterior/anterior interosseous nerve denervation trial nerve block: 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 Medical Treatment Guideline or Medical Evidence: Anterior and Posterior Interosseous Neurectomy for the Treatment of Chronic Dynamic Instability of the Wrist. 63-70.

Decision rationale: Official Disability Guidelines and ACOEM Guidelines do not address this requested procedure. Therefore, other medical treatment guidelines were utilized. Denervation for the treatment of wrist pain has evolved from total denervation of the wrist to posterior interosseous nerve denervation, to combined anterior and posterior interosseous nerve denervations. Denervation of the wrist offers the advantage of pain relief, while minimizing the prolonged immobilization, loss of motion, and muscle atrophy often associated with surgical reconstructions or limited carpal arthrodeses. Total denervation of the wrist was described by Wilhelm for the palliation of chronic wrist pain associated with degenerative arthrosis, Kienbck's disease, and carpal nonunions. Subsequent to Wilhelm's report, total denervation of the wrist has been advocated for primary osteoarthritis, posttraumatic arthrosis, intraarticular distal radius fractures, Kienbck's disease, carpal fractures, and/or dislocations. The results of total denervation have been reported to be good in 12-95% of patients. In 1972, Geldmacher et al. There were reported excellent results in 72% and satisfactory results in 13% of his patients who had undergone total denervation for degenerative arthrosis. Buck-Gramcko reported that 95% of patients had improvement of pain; however, 26% still had pain but reported it decreased in severity. In 1983, Eckerot et al., reported 56% pain relief with total denervation for scaphoid nonunion, Kienbock's disease, osteoarthritis, and posttraumatic arthritis. After reviewing the medical records provided and most recent treatment note, there was identification of diagnosis that correlates with the above requested procedure. There was no documentation of osteoarthritis, posterior medical arthrosis, or Complex regional pain syndrome (CRPS). Pending further documentation, this request is deemed not medically necessary.