MAXIMUS Federal Services

Case Number:	CM14-0052580		
Date Assigned:	07/07/2014	Date of Injury:	09/13/2011
Decision Date:	08/07/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 Georgia and 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 53-year-old male who reported an injury on 09/13/2011. The mechanism of injury was not stated. Current diagnoses include rule out internal derangement of the left wrist, contracture of the left wrist, and rule out carpal tunnel syndrome in the left wrist. The injured worker was evaluated on 03/10/2014 with complaints of persistent symptoms in the left upper extremity. Physical examination revealed positive Tinel's and Phalen's testing, positive median nerve compression testing, positive snuffbox tenderness, limited range of motion, intact sensation, and 5/5 strength. Treatment recommendations included a diagnostic arthroscopy of the left wrist with postoperative physical therapy and prescriptions for diclofenac XR 100 mg, omeprazole 20 mg, and tramadol ER 150 mg. It is also noted that the injured worker underwent an MRI of the left hand on 02/23/2014 which indicated unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state Non-Steroidal Anti-Inflammatory Drugs (NSAID) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no indication that this injured worker is currently suffering from an acute exacerbation of pain. Guidelines do not recommend long-term use of NSAID medication. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.

Left Wrist Diagnostic arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including worksite modification, and have clear clinical and special study evidence of a lesion. The injured worker does not appear to meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. There is no documentation of an attempt at any conservative treatment prior to the request for a surgical procedure. There was also no imaging or special study evidence of a lesion. Based on the clinical information received, the request is not medically necessary and appropriate.

Initial PO PT 3x6 for the left wrist: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

Follow up visit with orthopedic surgeon: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.