

Case Number:	CM14-0054841		
Date Assigned:	07/07/2014	Date of Injury:	09/15/2011
Decision Date:	08/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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 claimant injured her wrist during a fall and indicated feeling a pop.. This claimant has made references to her wrist pain worsening when lifting and carrying groceries. An exam shows a cystic mass on the dorsal wrist. The scaphoid shift test is positive for painless clunk. Lifting and twisting caused pain in the left wrist. The claimant underwent a left wrist arthroscopy on 1/3/13 where the triangular fibrocartilage complex was debrided. The ganglion persisted after the surgery. She underwent left dorsal ganglion excision on 8/15/13, but again the ganglion recurred. She was diagnosed with recurrent left dorsal wrist ganglion. The claimant's surgeon recommends a left dorsal wrist ganglionectomy, left wrist arthroscopy and left wrist fluroscopy.

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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand - 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, Diagnostic Arthroscopy.

Decision rationale: According to Official Disability Guidelines (ODG), Diagnostic arthroscopy is Recommended as an option if negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. This study assessed the role of diagnostic arthroscopy following a wrist injury in patients with normal standard radiographs, an unclear clinical diagnosis and persistent severe pain at 4 to 12 weeks. Patients with marked persistent post-traumatic symptoms despite conservative management are likely to have sustained ligament injuries despite normal radiographs. It is recommended that under these circumstances an arthroscopy may be carried out as soon as 4 weeks if the patient and surgeon wish to acutely repair significant ligament injuries. The patient has already had arthroscopy and triangular fibrocartilage complex debridement. No other injuries were identified. The records do not provide any rationale for why a second arthroscopy would be necessary.

Left wrist fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/6771978> Evaluating carpal instabilities with fluoroscopy.

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: Green's Operative Hand Surgery, Chapter 15.

Decision rationale: The surgeon is concerned that the patient has dynamic scapholunate ligament instability. According to [REDACTED] Cineradiography examination of the wrist provides considerable information in the evaluation of a patient who has a kinematic instability in the form of a painful clunking wrist, in whom routine and special views do not show the underlying pathology. These are patients in whom abnormal joint subluxation appears only under certain loading conditions. Alternatively, active motion can be studied by the use of fluoroscopy. Videotape recording of the fluoroscopy is recommended because it allows a detailed study of the carpal kinematics. Routinely, cineradiography includes observation of active movement from radial to ulnar deviation in posteroanterior views, flexion and extension in the lateral view, and radial and ulnar deviation in the lateral view. If the patient has a painful clunk, it is important to reproduce it during the examination. Sometimes the patient can reproduce this with active motion, and sometimes provocative stress (passive) maneuvers are required by the radiographer. Fluoroscopy is appropriate to evaluate for dynamic instability.

Left dorsal wrist ganglionectomy: Overturned

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

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, Surgery for Ganglion.

Decision rationale: According to Official Disability Guidelines (ODG) guidelines, ganglion excision is Recommended as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. This patient has a 2 cm recurrent ganglion that she identifies as the source of her wrist pain. Excision is necessary based on the ODG guidelines.