

Case Number:	CM14-0055609		
Date Assigned:	06/13/2014	Date of Injury:	11/07/2012
Decision Date:	07/16/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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 40-year-old right-hand dominant male machine operator sustained and accepted a right hand crush laceration injury on 11/7/12. Debridement of the contaminated crush injury right palm, with complex closure of the thenar muscle injury was performed on 11/17/12. The 4/15/13 right upper extremity MRI impression documented tearing of the scapholunate interosseous ligament at the scaphoid attachment without widening of the corresponding interosseous space and a possible small perforation of the triangular fibrocartilage. The patient underwent right palm contracture release, excision of soft tissue thenar eminence, full thickness skin graft to the right palm, flexor pollicis longus complex tenolysis at the palm and digit, A1 pulley incision right thumb, and right thumb common digital neurolysis on 6/30/13. The 1/23/14 treating physician report cited significant right wrist pain and popping with movement. Physical exam findings documented well healed thumb skin graft, thumb metocarpophalangeal (MP) joint extensor deficit, functional right wrist range of motion, pain with stress of the lunotriquetral (LT) joint and palpation of the midline dorsal capsule, and negative Watson's shift test. X-rays were reported negative for skeletal or alignment deformities. MRI findings revealed capsulitis and scapholunate (SL) ligament strain. A diagnostic arthroscopy of the wrist with LT and SL ligament repair and LT arthrodesis was recommended. The 2/13/14 utilization review denied the surgical request as there was no documentation of an imaging report. The 2/25/14 orthopedic consult report cited subjective complaints of right wrist pain with inward or twisting wrist motion, intense pain in downward motions when his wrist pops, and medial wrist bone pain when pressed. The patient denied upper extremity numbness, tingling or swelling. Functional difficulty was noted with lifting and holding a gallon of milk and performing thumb pinch activities. Right upper extremity exam findings documented limited right wrist and thumb range of motion, no motor weakness, wrist and hand ligaments stable on stress testing, negative

provocative tendon testing, negative neurologic provocative testing, right grip strength 24/27/30 pounds, and left grip strength 94/87/87 pounds. The orthopedic surgeon documented persistent pain localized to the fourth dorsal compartment of the right wrist over the distal radius with no MRI evidence of abnormalities in that areas and possible posterior interosseous neuritis. The patient had a high-range DASH (Disabilities of the Arm, Shoulder, and Hand) score of 84 which could be the result of psychosocial factors such as pain anxiety, pain catastrophizing, and/or depression. A cortisone injection into the fourth dorsal compartment of the right wrist was recommended, followed by posterior interosseous neurectomy if the injection temporarily relieved the pain. The medical necessity of additional surgical release of the right thenar muscle and carpometacarpal contracture, post-operative hand therapy, chronic narcotic detoxification, and psychology evaluation was opined.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY OF RIGHT WRIST WITH LIGAMENT REPAIR FOR PARTIAL ARTHRODESIS WITH HARDWARE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Forearm/Wrist/Hand Chapter.

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 & Hand, Arthrodesis (fusion), Diagnostic arthroscopy.

Decision rationale: Under consideration is a request for arthroscopy of right wrist with ligament repair and partial arthrodesis with hardware. The California MTUS guidelines do not provide surgical recommendations for chronic wrist injuries. The Official Disability Guidelines recommend arthrodesis of the wrist, thumb or digit after 6 months of conservative treatment to relieve the pain of post traumatic wrist arthritis. Arthrodesis may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Diagnostic arthroscopy is recommended for patients with marked persistent post-traumatic symptoms despite conservative management and likely to have sustained ligament injuries despite normal radiographs. Guideline criteria have not been met. There is no current radiographic evidence suggestive of post traumatic wrist arthritis or ongoing definitive clinical/radiographic evidence of instability or loss of motor function. There is current evidence suggestive of psychological issues resulting in a high-range functional disability score. There is no detailed documentation that recent comprehensive non-operative conservative treatment, including injections, had been tried and failed. Therefore, the medical necessity of arthroscopy of the right wrist with ligament repair and partial arthrodesis with hardware is not medically necessary.

PRE-OP CLEARANCE: 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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: As the right wrist arthroscopy with ligament repair and partial arthrodesis is not medically necessary, the request for pre-op clearance is also not medically necessary.

POST-OP PHYSICAL THERAPY 3X4: 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): 19.

Decision rationale: As the right wrist arthroscopy with ligament repair and partial arthrodesis is not medically necessary, the request for post-op physical therapy 3x4 is also not medically necessary.