

Case Number:	CM14-0062846		
Date Assigned:	07/11/2014	Date of Injury:	10/24/2013
Decision Date:	10/01/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 34-year-old male who reported an injury on 10/24/2013. The mechanism of injury was an altercation. The diagnoses included right scapholunate ligament tear. Previous treatments included cold/heat packs, physical therapy, injections, and medications, bracing. Within the clinical note dated 01/30/2014, it was reported that the injured worker complained of pain in the wrist. He rated his pain 7/10 to 8/10 in severity. He reported the pain was present constantly. The injured worker reported the inability to push himself off the floor or from a chair with his wrist in an extended position. The injured worker complained of weakness of the wrist as well as swelling, clicking, and grinding of the wrist. Upon physical examination, the provider noted swelling of the wrist. The provider noted the injured worker had an effusion in the radiocarpal joint and had a Watson scaphoid shift test noted to be positive. The range of motion of the right wrist was flexion at 50 degrees and extension at 50 degrees. The provider noted an MRI was obtained on 01/06/2014 of the right wrist which read negative; however, the cuts were very wide and there were very limited views of the scapholunate ligament. Within the most recent note dated 05/07/2014, the injured worker complained of pain in both wrists. Upon physical examination, the provider noted the injured worker had focal tenderness over the lunotriquetral joint and pain at the radioscahoid joint with active radial deviation and flexion/extension. The x-ray findings revealed no gap in the scapholunate and lunotriquetral joints however, there was mild DISI posture of the lunate. The provider requested a right wrist arthroscopy, synovectomy, and possible scapholunate ligament repair or reconstruction since the injured worker's symptoms have not improved and he has not improved with conservative therapy. The request for authorziation was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Arthroscopy, synovectomy and possible scapholunate ligament repair or reconstruction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, wrist and hand procedure summary ; Tech hand Up Extrem Surg Mar 15(1);6-11: Post Surgical Treatment Guidelines; ODG-TWC updated 5/10/13

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

Decision rationale: The California MTUS/ACOEM Guidelines note hand surgery may be indicated for injured workers who have red flags of serious nature and fail to respond to conservative therapy and management including work site modifications. Surgical considerations depend on confirmed diagnoses of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks, and benefits and especially expectations is very important. If there is no clear indication for surgery, referring a patient to a physical medicine practitioner may aid in formulating a treatment plan. The California MTUS Guidelines also note a clear clinical and special study evidence of a lesion that has been shown to benefit, both in the short- and long-term from surgical intervention and lacking documentation of significant synovitis. In addition, Wheeless' Textbook of Orthopedics states surgery is recommended for chronic tears after non-operative treatment has failed to include activity modification, NSAIDs and wrist splinting. Wheeless' further states there should be examination findings consistent with a scapholunate tear to include tenderness just distal to Lister's tubercle, limited range of motion, increased weakness and positive Watson test. The clinical information provided revealed the injured worker had swelling, decreased range of motion, pain, and clicking, grinding and positive Watson test. It was further documented the injured worker had undergone conservative care to include physical therapy, injections, bracing and medications which would support a wrist arthroscopy and synovectomy. However, the x-ray findings provided did not document evidence of a gap to support the necessity of the requested possible scapholunate ligament repair or reconstruction. Also, the request as submitted failed to provide which wrist the surgery was being requested for. Therefore, the request is not medically necessary.

Post -op Physical therapy 2 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, wrist and hand procedure summary ; Tech hand Up Extrem Surg Mar 15(1);6-11: Post Surgical Treatment Guidelines; ODG-TWC updated 5/10/13

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery has not been authorized, the request for postoperative physical therapy 2 times 4 is also not medically necessary.

Pre Op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, wrist and hand procedure summary ; Tech hand Up Extrem Surg Mar 15(1);6-11: Post Surgical Treatment Guidelines; ODG-TWC updated 5/10/13

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgery has not been authorized, the request for preoperative clearance is also not medically necessary.