

Case Number:	CM14-0070742		
Date Assigned:	08/08/2014	Date of Injury:	07/19/2013
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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:

The claimant is a 41-year-old male who sustained a vocational injury on July 19, 2013. The records available for review document working diagnoses of ulnar impaction syndrome and medial epicondylitis of the left elbow. The records also note that the claimant has a medical history of stress, depression, sleep disturbances, enlarged liver described as fatty and elevated blood tests. A July 10, 2014, office note states that the claimant continues to have daily spasms, as well as numbness and tingling in the right arm. He reports that his symptoms negatively affect the use of the left arm, resulting in decreased functionality and insomnia. He reports that he is able to lift 15 pounds with his left hand. Weak gripping and grasping of the left upper extremity are noted, and the claimant reports incidents of dropping items. The claimant has been treated with OxyContin for management of pain, while performing chores. Treatment with Flexeril has helped to decrease the intensity and frequency of spasm. Upon physical examination, the left elbow extends to 180 degrees and flexes to 160 degrees. Range of motion of the left wrist was satisfactory. Crepitation was noted; no swelling was present. The July 10, 2014, office note documents a left wrist MRI scan, which showed fluid buildup along the radial and ulnar joint, some fluid buildup along the carpometacarpal joint, and a partial tear of the TFCC ligament. Conservative treatment to date has included the use of narcotics and muscle relaxants. The documentation states that the claimant had physical therapy in the past but still reported persistent symptoms in the left wrist. This request is for: left wrist arthroscopy with debridement and evaluation of TFCC ligament under general anesthesia; Amoxicillin; Zofran; the postoperative use of an elbow sling; the postoperative use of a PolarCare unit; preoperative medical clearance; and the postoperative use of a ReJuviness silicone sheet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Arthroscopy with Debridement and Evaluation of the TFCC Ligament Under General Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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 (ODG); Forearm, Wrist and Hand chapter: Arthroscopy.

Decision rationale: California MTUS ACOEM Guidelines and Official Disability Guidelines would not support left wrist arthroscopy with debridement and evaluation of TFCC ligament under general anesthesia. Under ACOEM Guidelines criteria, "surgery would be supported in claimants with a documented lesion shown to benefit from operative intervention short- and long-term and following four to 12 weeks of conservative treatment, including worksite modifications." In this case, the reviewed records do not document a four- to 12-week trial of conservative care or provide MRI results showing left wrist pathology known to benefit from surgical intervention. For these reasons, this request would not be indicated as medically necessary.

Amoxicillin 875mg #20: 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 Official Disability Guidelines (ODG); Infectious Disease - Amoxicillin.

Decision rationale: The recommendation for Amoxicillin is related to the request for surgery and the surgery is not established as medically necessary. Therefore, the request for Amoxicillin is not medically necessary. Therefore, this request would not be medically necessary.

Zofran 8mg #20: 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 Official Disability Guidelines (ODG); Pain chapter - Anti-Emetics following anesthesia.

Decision rationale: If the recommendation for Zofran is related to the request for surgery, the surgery is not established as medically necessary. Therefore, the request for an anti-nausea/antiemetic medication is not medically necessary.

Elbow Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand chapter - Immobilization.

Decision rationale: The request for left wrist arthroscopy with debridement and evaluation of TFCC ligament under general anesthesia is not established as medically necessary. Therefore, the request for a postoperative left elbow sling is not medically necessary.

Polar Care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Continuous Cold therapy.

Decision rationale: The request for left wrist arthroscopy with debridement and evaluation of TFCC ligament under general anesthesia is not established as medically necessary. Therefore, the request for the postoperative use of a PolarCare unit is not medically necessary.

Pre-operative 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); ACOEM Chapter 7, page 127.

Decision rationale: The request for left wrist arthroscopy with debridement and evaluation of TFCC ligament under general anesthesia is not established as medically necessary. Therefore, the request for preoperative medical clearance is not medically necessary.

Rejuveness 1 Silicone Sheet: 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 Official Disability Guidelines (ODG); Forearm, Wrist and Hand chapter - Wound dressings.

Decision rationale: The request for left wrist arthroscopy with debridement and evaluation of TFCC ligament under general anesthesia is not established as medically necessary. Therefore, the request for the postoperative use of a ReJuveness silicone sheet is not medically necessary.