

Case Number:	CM14-0070976		
Date Assigned:	07/14/2014	Date of Injury:	05/29/2012
Decision Date:	09/24/2014	UR Denial Date:	04/16/2014
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 60-year-old, gentleman who was injured on 05/29/12. The records provided for review specific to this claimant's right wrist include the report of an MRI dated 11/12/13 identifying ligamentous tearing of the scapholunate ligament with a questionable degree of widening. The fibrocartilage complex was noted to be intact and there was underlying degenerative arthritis of the CMC joint of the thumb. The report of an orthopedic assessment dated 02/14/14 noted continued complaints of pain. Physical examination was documented to show restricted motion at endpoints, diffuse tenderness to palpation, and weakness. The report documented that the claimant continued to have chronic wrist pain and weakness despite conservative measures and the recommendation was made for right wrist arthroscopy, debridement, synovectomy, and possible repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 4 portal wrist arthroscopy, debridement, synovectomy and possible repair wrist arthroscopic: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

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

Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Diagnostic arthroscopy.

Decision rationale: Based on the California ACOEM Guidelines in regards to surgical intervention for the wrist and supported by the Official Disability Guidelines for diagnostic arthroscopy, the request for right 4 portal wrist arthroscopy, debridement, synovectomy and possible repair in this case would be indicated. This individual has failed a considerable amount of conservative care for greater than 12 weeks and continues to be symptomatic. The MRI scan shows scapholunate ligament tear and interval widening. The role of operative intervention for further assessment of the claimant's continued wrist complaints would be medically necessary.