

<b>Case Number:</b>	CM14-0082366		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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, has a subspecialty in Hand 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 57-year-old female who reported an injury on 04/04/2009 due to an unspecified mechanism of injury. The injured worker reportedly sustained an injury to her bilateral wrists. The injured worker underwent an electrodiagnostic study on 03/12/2014. It was documented that the injured worker had evidence of bilateral median nerve pathology. The injured worker was evaluated on 06/16/2014. It was noted that the injured worker had undergone an MRI on 08/22/2013 that documented there was a TFCC tear, SL tear, and ECU tear. It was noted that the injured worker had pain in the left wrist. A request was made for left wrist arthroscopy, possible arthrotomy, ligament repair or reconstruction with tendon graft and carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist arthroscopy, possible arthrotomy, ligament repair or reconstruction with tendon graft and carpal tunnel release.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Chapter: Forearm, Wrist and Hand - Diagnostic arthroscopy.

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

**Decision rationale:** The requested left wrist arthroscopy, possible arthrotomy, ligament repair or reconstruction with tendon graft and carpal tunnel release is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for forearm, wrist, and hand injuries be supported by clear clinical examination findings corroborated with electrodiagnostic studies and/or imaging studies that have failed to respond to conservative treatment. The clinical documentation submitted for review does not adequately address the injured worker's treatment history to support that she has failed all non-operative treatment options. Additionally, the clinical documentation submitted for review did not provide an independent report of the MRI mentioned in the most recent clinical evaluation. The clinical documentation submitted for review also failed to provide any recent physical examination findings to support physical deficits that would require surgical intervention. As such, the requested left wrist arthroscopy, possible arthrotomy, ligament repair or reconstruction with tendon graft and carpal tunnel release is not medically necessary or appropriate.