

Case Number:	CM14-0083175		
Date Assigned:	07/21/2014	Date of Injury:	01/11/2001
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	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 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 33-year old female with reported industrial injury on 1/11/11 after a fall landing on outstretched left hand and wrist. MRI of the left wrist on 10/4/13 demonstrated healing scaphoid waist fracture with tear of scapholunate ligament with borderline increased dorsal tilt of the lunate, and small central tear of the triangular fibrocartilage. Exam note from 5/13/14 demonstrates claimant with complaint of weakness, tenderness and pain in the left wrist and hand. Patient demonstrates tenderness to palpation on the left wrist and wrist motion is noted to be normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST ARTHROSCOPY AND DEBRIDEMENT WITH AIN/PIN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: CA MTUS/ACOEM recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from

surgical intervention. In this case, the exam note from 5/13/14 does not demonstrate evidence of failure of conservative management with bracing, activity modification or injection. There is no clear surgical lesion on MRI from 10/4/13 to warrant surgical care. Therefore, left wrist arthroscopy and debridement with AIN/PIN is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY LEFT WRIST, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for noncertification for postoperative physical therapy 2 times per week for 6 weeks.