

Case Number:	CM14-0087773		
Date Assigned:	08/06/2014	Date of Injury:	05/31/2002
Decision Date:	09/12/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 Mississippi. 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 54-year-old male who was reportedly injured on May 31, 2002. The mechanism of injury was noted as a crush injury involving the right hand. The most recent progress note dated July 10, 2014, indicates that there were ongoing complaints of a burning sensation involving the right hand, tissue mass of the right palm and difficulty with digit flexion. The physical examination was reported to have remained unchanged. Diagnostic imaging studies were not reviewed. Previous treatment included multiple surgical interventions of the right wrist to include a total wrist arthroplasty, postoperative physical therapy, multiple medications and pain management techniques. A request was made for a surgical intervention and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical intervention for the right wrist including flexor tenosynovectomy carpal tunnel release, tenosynovectomy flexor tendons right hand tenolysis ulnar nerve right hand and re-release guyon's canal right wrist: Upheld

Claims Administrator 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 Carpal Tunnel Release Indications for Surgery.

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

Decision rationale: When noting the date of injury, the injury sustained, the multiple surgical interventions already completed and by the most current physical examination, there is insufficient clinical information presented to suggest the need for multiple surgeries suggested. Furthermore, when referring back to the independent medical examination from the hand surgeon who noted no clinical indication for surgical intervention, it is to be additional factor as to why there is no clinical indication for a repeat tenosynovectomy and repeat Guyon's canal release. The medical necessity for this procedure has not been established.

Preoperative Medical Clearance with history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule 199 edition pages 92-93.

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

Decision rationale: In that the underlying request for surgery is not medically necessary, medical clearance is not medically necessary.

12 sessions of post operative occupational therapy: 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.

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, postoperative occupational therapy is not medically necessary.

one custom short arm splint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

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

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, a short arm splint would not be medically necessary.

30 day rental of cold therapy unit: Upheld

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

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

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, a postoperative call therapy unit is not medically necessary.

30 day rental of Continuous Passive Motion device for finger movement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand.

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

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, a postoperative continuous passive motion machine is likewise not medically necessary.

Keflex 500mg #30: 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.

Decision rationale: In that the underlying request for surgical intervention is not medically necessary, perioperative antibiotics are also not be medically necessary.

Zofram 4 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiemetics.

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

Decision rationale: In that the underlying request for surgical intervention is not medically necessary and anti-nausea medication at the time of surgery is not medically necessary.

Hydrocodone/APAP 10/325mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: In that the request for the underlying surgical intervention is not medically necessary, this medication is not medically necessary.