MAXIMUS Federal Services

Case Number:	CM14-0096963		
Date Assigned:	07/28/2014	Date of Injury:	03/09/2010
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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 46-year-old male lube technician sustained an industrial injury on 3/9/10. Injury occurred when he fell off a ladder. The patient was diagnosed with left scapholunate dissociation and underwent left wrist arthroscopy on 12/20/10. The patient subsequently developed numbness in his index and small fingers on 9/20/11. An electromyogram (EMG) and nerve conduction velocity Studies (NCV) showed moderate left carpal tunnel release and moderate Guyon's canal syndrome. There was continued intermittent moderate to severe pain localized to the left hand and wrist with associated weakness. Pain was worse in the cold and improved at rest. The patient underwent left carpal tunnel release on 2/10/14. The 4/2/14 treating physician progress report indicated the patient had diminished left hand pain status post carpal tunnel release and was pleased with the progress. Left hand/wrist exam documented the swelling was almost completely resolved and he could flex his digits to mid palm. Sensation was intact in all digits. Range of motion of the left wrist was within normal limits. There was a marked loss of left grip strength. The diagnosis included scapholunate ligament tear and left triquetral fracture. The treatment plan recommended home exercise program for strengthening and Voltaren gel. The patient would be scheduled for scapholunate ligament surgery at the next visit. The 5/5/13 utilization review denied the request for left wrist open reduction and internal fixation and associated pre-operative clearance as there was no documentation to support the medical necessity of the requested procedure. The 5/28/14 treating physician progress report indicated the patient was pending surgery for his scapholunate dissociation with moderate left wrist pain. Left wrist exam documented no tenderness to palpation, swelling, or evidence of wrist instability. Wrist range of motion was within normal limits. Left grip strength was markedly limited. Surgery was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Open Reduction Internal Fixation (ORIF): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Forearm, Wrist, & Hand Procedure Summary last updated 02/18/2014 - Open reduction internal fixation (ORIF).

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, Open reduction internal fixation (ORIF).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) do not provide surgical recommendations for open reduction and internal fixation. The Official Disability Guidelines recommend open reduction and internal fixation (ORIF) as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Guideline criteria have not been met. There is no radiographic evidence of a displaced fracture. There is no current exam evidence of scapholunate instability. The patient has previously undergone left wrist arthroscopy for the diagnosis of scapholunate dissociation, with no documentation of updated imaging to support the medical necessity of additional surgery. Therefore, this request for left wrist open reduction and internal fixation (ORIF) is not medically necessary.

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC last updated 05/10/2013 - Pre-operative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.