

Case Number:	CM14-0097804		
Date Assigned:	07/25/2014	Date of Injury:	08/16/2011
Decision Date:	08/28/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 53-year-old female who sustained an injury to the upper extremity on 08/16/11. Medical records specific to the claimant's left wrist include documentation of a 09/04/13 MRI report showing mild extensor carpi ulnaris tendinosis with no fibrocartilage damage. There was a recent follow up report of 05/27/14 describing persistent left wrist pain with examination showing marked tenderness over the TFCC complex and pain with range of motion. The claimant describes only temporary relief with an ulnar sided wrist injection. Based on failed conservative care, the recommendation was made for ulnar shortening osteotomy and twelve sessions of postoperative physical therapy. The Utilization Review report dated 06/09/14 recommended left wrist arthroscopy, synovectomy and debridement but denying the use of an ulnar shortening osteotomy, twelve sessions of therapy and need for Terocin lotion with Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post Surgical Rehabilitative Guidelines do not support the use of twelve sessions of physical therapy. This individual has been authorized for a surgical arthroscopy to the wrist. There is currently no indication of TFCC tearing or further diagnosis per the claimant's recent MRI. Post-Surgical Guidelines criteria following arthroscopic debridement of a TFCC injury or wrist arthroscopy recommend up to ten sessions of therapy over a ten week period of time. The specific request for 12 sessions of therapy would thus exceed the guideline criteria and cannot be indicated as medically necessary.

Ulnar shortening osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.odgtwc.com/index.html?odgtwc/Forearm_Wrist_Hand.htm#.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Triangular fibrocartilage complex (TFCC) reconstruction.

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for ulnar shortening osteotomy would not be indicated. While this individual has with continued ulnar sided wrist complaints for which an arthroscopy is being recommended, there is no current imaging demonstrating an ulnar positive variance or compressive pathology on the ulnar side of the wrist that would support the acute need of a shortening procedure. Therefore, the request for ulnar shortening osteotomy is not medically necessary and appropriate.

Terocin with Lidocaine lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs/Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines do not support the use of the topical compound Terocin lotion that contains among other agents, Lidocaine. The Chronic Pain Guidelines recommend Lidocaine as a second line agent for a neuropathic diagnosis. This individual has chronic wrist pain with no acute clinical findings of a neuropathic diagnosis. There is also no indication of first line treatment for neuropathic pain such as Tricyclic, antidepressants or agents such as Gabapentin or Lyrica. Therefore, the continued use of Terocin containing Lidocaine is not medically necessary.