

Case Number:	CM13-0029398		
Date Assigned:	11/01/2013	Date of Injury:	07/11/2011
Decision Date:	12/10/2015	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/26/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Georgia

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery

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 patient is a 31-year-old male who reported an injury on 07/11/2011. The patient is currently diagnosed with medial epicondylitis, ulnar nerve injury, tenosynovitis of the right wrist, and right wrist tendinitis. The patient was seen on 08/09/2013. Physical examination revealed moderate tenderness over the radial styloid and ulna styloid, mild swelling and stiffness over the wrist joint, positive piano key test, positive Watson's test, negative Finkelstein's and Tinel's testing, limited range of motion of the right wrist, and diminished strength of the right wrist. Treatment recommendations included an arthroscopy and debridement of the right wrist with postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist Arthroscopy and debridement: 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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Diagnostic arthroscopy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. Official Disability Guidelines state diagnostic arthroscopy is recommended as an option if negative results on imaging, but symptoms continue after 4 weeks to 12 weeks of conservative treatment. As per the clinical notes submitted, the patient underwent an MRI of the right wrist on 08/05/2013, which indicated a small area of bone marrow edema, as well as minimal fluid within the tendon sheath and an intact TFCC without full thickness tear. There was no evidence of a surgical lesion. The patient does not appear to meet criteria for a diagnostic arthroscopy of the right wrist. As such, the request is not medically necessary.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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

Post-operative physical therapy, right wrist, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following TFCC injuries or arthroscopic debridement includes 10 visits over 10 weeks. The current request exceeds guideline recommendations. Additionally, the patient's surgical procedure has not been authorized. Therefore, the current request is not medically necessary.