

Case Number:	CM14-0103820		
Date Assigned:	07/30/2014	Date of Injury:	07/21/2000
Decision Date:	09/24/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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: California

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

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 46 year old female who sustained an industrial injury on 7/21/2000. Diagnoses are right wrist status post multiple surgical procedures including carpal tunnel release, lunotriquetral ligament reconstruction and distal ulnar resection, and right wrist distal ulnar-radius impingement status post Darrach procedure. In a progress report dated 4/7/14, a treating physician notes the injured worker is seen for a hand surgery consultation. She reports approximately 5 past surgeries of the right wrist. She continues to have constant pain, swelling, and stiffness of the right wrist. In a progress report dated 10/20/14, a secondary treating physician notes the injured worker is right hand dominant. She continues to have swelling and pain in her right wrist. X-rays taken on 2/4/13 revealed convergence of the distal ulna and radius with impingement of the distal ulna directly onto the radius. The stress view X-ray obtained show that the distal ulna impinges directly onto the radius with any loading and grip. This can cause painful impingement of the 2 bones and impression is noted that this could be the source of the pain and clicking. On 4/7/14, the injured worker returned for a follow up visit and decided she was unable to live with her current symptomatology. Current complaints are constant pain, swelling, and stiffness of the right wrist. She takes no medications at this time. Right wrist exam notes mild swelling over the ulnar side of the wrist, range of motion of flexion of 45 degrees, extension 40 degrees and palpable click and pain at the distal ulna. There is snuffbox tenderness and scapholunate tenderness and pain with ulnar deviation. Grip strength is 32/20/18 on the right and 32/26/20 on the left. Work status is that she is currently retired. Previous treatment includes Vicodin, Carisoprodol, Remeron, Hydrocodone-Acetaminophen, and shoulder injection-2/3/14.

The treatment requested is right distal radioulnar joint interpositional graft, post-operative occupational therapy 3 times a week for 4 weeks, pre-operative labs: CBC (complete blood count), pre-operative labs: CMP (comprehensive metabolic panel), and pre-operative labs: PT/PTT (prothrombin time/partial thromboplastin time).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right distal radioulnar joint interpositional graft: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., Chapter 16, Distal Radioulnar Joint Instability, Failed Distal Ulnar Resection.

Decision rationale: This is a request for further wrist surgery in a worker with neck, shoulder, arm, wrist and hand symptoms attributed to repetitive trauma in 2000 who has undergone 5 failed surgeries for the wrist symptoms. Additional surgery is proposed for a complication of prior surgery. The specialty text referenced notes that, "treatment of radioulnar impingement is extremely difficult. " With consecutive surgeries for the same symptoms, the risk of success progressively diminishes. In this case there is no reasonable expectation that yet another wrist surgery would result in functional improvement such as return to work. The request is not medically necessary.

Post-Op Occupational Therapy 3 x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: In this case, additional wrist surgery is determined to be unnecessary and therefore post-surgical therapy is not needed. If the surgery were performed, there are no post-surgical therapy treatment guidelines for the rare procedure proposed, but the guidelines for wrist dislocation/TFC reconstruction would be the most relevant. The request is not medically necessary.

Pre-Op Labs: CBC (Complete Blood Count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations, MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSC, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone multiple surgical procedures without medical or anesthetic complications. Therefore, the request is not medically necessary.

Pre-op labs: CMP (Comprehensive Metabolic Panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations, MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSC, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

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Pre-op labs: PT/PTT (Prothrombin Time/Partial Thromboplastin Time): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery:

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