

Case Number:	CM14-0185867		
Date Assigned:	11/13/2014	Date of Injury:	02/17/2012
Decision Date:	02/04/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/07/2014

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. The expert reviewer is Board Certified in Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 claimant has chronic numbness, tingling and pain in the right ring and small fingers. He describes weakness. He has an extension contracture of the wrist post ganglion cyst excision. His provider recommends treatment of the right wrist with manipulation under anesthesia to treat the joint contracture. This will be done at the same time as ulnar nerve release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Manipulation (Closed) Under Anesthesia: 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), Forearm, Wrist & Hand Procedure Summary

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, & Hand Procedure

Decision rationale: According to ODG-TWC Forearm, Wrist, & Hand Procedure Summary last updated 08/OS/2014 notes that manipulation under anesthesia is not recommended for the wrist, hand or fingers. There is no high quality studies published in peer-reviewed journals accepted

into Medline. There is no evidence to support this treatment therefore; this request is not medically necessary.