

Case Number:	CM14-0207671		
Date Assigned:	12/19/2014	Date of Injury:	05/01/2012
Decision Date:	03/04/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/11/2014

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: Oregon
 Certification(s)/Specialty: Plastic 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 41-year-old male with a date of injury of 5/1/2012. The provider is prospectively requesting a Darrach procedure left wrist; concomitant DeQuervains release left wrist and comprehensive history and physical; 1 prescription of Relafen 750mg, #60; 1 prescription of Norco 5/325mg, #30; 1 post op splint left wrist; and 12 post operative certified hand therapy. The records indicate that this patient had been treated for chronic left wrist pain. During the patient's 10/27/2014 exam he reported wrist pain that continued to interfere with activities of daily living. Relevant objective findings included tenderness over distal radiolunar and ulnocarpal joint. He had pain with pronation and supination and positive Finkelstein's test. X-rays from that visit showed prior distal ulna wafer resection, significant degenerative joint disease distal radioulnar joint, and approximately 1mm of remaining cartilage. The patient was status post three left wrist surgeries with the most recent being diagnostic arthroscopy of the left wrist with complete arthroscopic synovectomy, arthrotomy, 3mm ulnar wafer excision, and loose body removal on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Darrach procedure left wrist: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: Green's Operative Hand Surgery, 6th Edition, Chapter 16.

Decision rationale: The patient has end-stage distal radial ulnar joint pain and instability. According to Green's Operative Hand Surgery, 6th Edition, "The general indication for a distal ulnar resection is any condition that causes incongruity or arthritis of the DRUJ, with resultant pain or stiffness. The procedure is particularly effective in a low-demand patient with an incongruous or degenerative sigmoid notch owing to the sequelae of an intra-articular fracture." This patient has end-stage DRUJ pain and a Darrach procedure is an appropriate salvage operation.

Concomitant Dequervain's release left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

Decision rationale: Per the ACOEM guideline, Chapter 11, page 266, "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Per the ACOEM guideline, Chapter 11, page 271, "The majority of patients with DeQuervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. Surgery, however, carries similar risks and complications as those already mentioned above (see A, "Carpal Tunnel Syndrome"), including the possibility of damage to the radial nerve at the wrist because it is in the area of the incision." This patient has failed conservative treatment for several months with steroid injections, NSAIDs and splinting. Release is medically necessary. A compartment release has already been performed, but the patient may have an unreleased compartment. This is a known complication of deQuervain's release and may explain the patient's continued symptoms. Re-release is indicated given persistent symptomatology.

Associated Surgical Services- Comprehensive History and Physical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative testing. Other Medical Treatment Guideline or Medical Evidence: According to the "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology. 2012 Mar;116(3):522-38).

Decision rationale: ODG indicates: The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. According to the "Practice advisory for preanesthesia evaluation. An updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation." (American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology. 2012 Mar;116(3):522-38) Selection and Timing of Preoperative Tests-Routine Preoperative Testing-Preoperative tests should not be ordered routinely.-Preoperative tests may be ordered, required, or performed on a selective basis for purposes of guiding or optimizing perioperative management.-The indications for such testing should be documented and based on information obtained from medical records, patient interview, physical examination, and type and invasiveness of the planned procedure.Preoperative history and physical is a standard prior to all surgical procedures to ensure that the patient is a suitable candidate for an operation.

Associated Surgical Services- Relafen 750mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: MTUS indicates that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Relafen is appropriate for postoperative pain control.

Associated Surgical Services- Norco 5/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications part 2 - Pain Intervention and Treatment Page(s): 92.

Decision rationale: The MTUS endorses opiates for short term postoperative pain control. Norco is appropriate for postoperative pain management.

Associated Surgical Services- Post-Op Splint left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: Per ACOEM: Relieving discomfort can be accomplished most safely by modifying activities, temporary immobilization, and systemic nonprescription analgesics. In this case, temporary postoperative immobilization is indicated to help the patient's pain.

Associated Surgical Services- 12 Post Operative certified hand therapy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-treatment therapy guidelines Page(s): 19.

Decision rationale: Per MTUS:Arthropathy, unspecified (ICD9 716.9):Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks Postsurgical physical medicine treatment period: 4 monthsRadial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Postsurgical treatment: 14 visits over 12 weeks Postsurgical physical medicine treatment period: 6 months. The request for 12 sessions is consistent with the planned procedures.