MAXIMUS Federal Services

Case Number:	CM14-0088934		
Date Assigned:	07/23/2014	Date of Injury:	03/09/2011
Decision Date:	12/14/2015	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/12/2014

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: Illinois, California, Texas Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 44-year-old female who sustained an industrial injury on 3/09/11. Injury occurred while carrying a heavy box with her right hand and it slipped, and she attempted to catch it with her left hand. Conservative treatment included physical therapy, medications, biofeedback, psychiatric consultation, acupuncture for anxiety, and group therapy. The 12/23/13 bilateral upper extremity electrodiagnostic study was reported as normal, with no evidence of bilateral median, radial or ulnar neuropathy, and no evidence of bilateral cervical radiculopathy. The 3/7/14 left wrist MR arthrogram impression documented sprain of the scapholunate ligament without tear, and the remaining intrinsic ligaments of the wrist were unremarkable. There was a probable degenerative cyst to the proximal pole of the scaphoid for which plain film correlation was advised. There were degenerative changes of the basal joint and more prominent to the first metacarpophalangeal joint. The 4/10/14 treating physician report cited increased inflammation in the right medial elbow with grade 4/10 pain with supination. She reported low back pain radiating to the thigh and lateral calf. There was right wrist painful grasp and pain at the base of the thumb. The physical exam was reported unchanged since 3/4/14. The diagnosis included left wrist sprain with carpal degeneration. Medications were prescribed to include Norco, Prilosec, and Naprosyn. She was capable of modified duty. Authorization was requested for pre-op medical clearance and left wrist 4 portal arthroscopic debridement, synovectomy and possible repair. The 5/23/14 utilization review non-certified the request for pre-operative medical clearance and left wrist 4 portal arthroscopic debridement, synovectomy and possible repair as there was no evidence of any substantial tearing, synovitis, or other evidence of ligamentous tears that would reasonably require surgical intervention at this point in time, and there were very minimal findings regarding left wrist dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist 4 portal arthroscopic debridement, synovectomy and possible repair: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Guideline criteria have not been met. This injured worker presents with a history of chronic right wrist and hand pain. Clinical exam findings did not evidence any significant findings relative to the left wrist. There was no imaging evidence of a ligament tear. There was evidence of degenerative changes to the basal and first metacarpophalangeal joint. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the wrist and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Pre-op medical clearance: 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), Online version, Low Back Chapter Preoperative, testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.