

Case Number:	CM15-0002599		
Date Assigned:	01/13/2015	Date of Injury:	08/16/2013
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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, 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 62-year-old female who reported an injury on 08/16/2013. The mechanism of injury involved repetitive lifting. The current diagnoses include wrist pain and lateral epicondylitis. The injured worker presented on 09/15/2014 for a followup evaluation. Upon examination of the wrist/forearm on the right, there was no tenderness to palpation, no crepitus with palpation, negative Tinel's and Phalen's sign, negative Finkelstein's test, negative Watson's test, negative Durkan's carpal compression test and negative grind test. There was full range of motion of the right wrist without crepitus and 5/5 motor strength in all planes. It was noted that the injured worker's right wrist pain and right lateral epicondylitis had improved and resolved. Recommendations were not provided on that date. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Surgery for The Right Wrist AIN/PIN at [REDACTED] :
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature; failed to respond to conservative management, including work site modifications; and have clear clinical and special study evidence of a lesion. There was no documentation of a musculoskeletal or neurological deficit upon examination. There were no red flags of a serious nature documented. It was also noted that the injured worker's right wrist pain had resolved. Given the above, the medical necessity for the requested surgical procedure has not been established in this case. Therefore, the request is not medically appropriate.

Associated Surgical Service: 10 Post-Op Physical Therapy Sessions - [REDACTED] in [REDACTED] 2 Times A Week for 5 Weeks: Upheld

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

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.

Associated Surgical Service: Follow-Up 4 Weeks: 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.