MAXIMUS Federal Services

Case Number:	CM15-0008001		
Date Assigned:	01/26/2015	Date of Injury:	07/31/2008
Decision Date:	05/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/14/2015

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 48-year-old female who reported an injury on 07/31/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her left wrist. The injured worker's diagnoses included left elbow pain, left hand pain, wrist pain, chronic constipation, status post de Quervain's release and decompression, status post left trigger thumb release x2, and left wrist neuropathic pain. The injured worker's treatment history included significant physical therapy, immobilization, and injections. The injured worker ultimately developed complex regional pain syndrome type 2 and failed to respond to nerve blocks and multiple medications. The injured worker was evaluated on 12/17/2014. The injured worker's medications were noted to be gabapentin, Tylenol No. 3, Senokot, and naproxen. The injured worker's clinical evaluation from that appointment documented constant left wrist pain that radiated into the thumb, index, and middle finger. It was documented that the injured worker had tenderness to palpation over the left radial styloid area with decreased temperature sensation upon palpation of the left hand. A request was made for re-exploration and surgical intervention of the left wrist. A Request for Authorization form was submitted on 12/18/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Exploration Of Left 1st Dorsal Comp., External Neurolysis of 1st Dorsal Comp., Tendons and Application Of Amnionx Wrap, Exploration Of The Left Distal 1/3 Forearm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, pathophysiology (clinical presentation & diagnostic criteria).

Decision rationale: The requested decision for Re-Exploration Of Left 1st Dorsal Comp., External Neurolysis of 1st Dorsal Comp., Tendons and Application Of Amnionx Wrap, Exploration Of The Left Distal 1/3 Forearm is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention when the injured worker has clinical presentations on examination findings consistent with pathology identified during diagnostic studies that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has clinical findings consistent with complex regional pain syndrome and responded to a diagnostic block, confirming the diagnosis of complex regional pain syndrome type 2. The Official Disability Guidelines do not recommend surgical intervention for this type of diagnosis. There are no exceptional factors noted to support extending treatment beyond guidelines' recommendations. As such, the requested Re-Exploration Of Left 1st Dorsal Comp., External Neurolysis of 1st Dorsal Comp., Tendons and Application Of Amnionx Wrap, Exploration Of The Left Distal 1/3 Forearm is not medically necessary or appropriate.