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| Case Number: | CM15-0107936 | | |
| Date Assigned: | 06/12/2015 | Date of Injury: | 04/14/2014 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/04/2015 |

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: 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 injured worker is a 43 year old male, who sustained an industrial injury on 4/14/14. He reported pain and swelling of right wrist following lifting of a tailgate of a truck. The injured worker was diagnosed as having right wrist synovitis. Treatment to date has included hand therapy, wrist injections, splint to wrist and activity restrictions. Currently, the injured worker complains of increasing pain and swelling of right wrist, worse in the morning and a loss of strength with pain radiating to right forearm proximally. He is on temporary disability. Physical exam noted atrophy of the left forearm compared with the right and marked swelling of the radial aspect of the right wrist and distal forearm along with a boggy palpable synovitis involving the entire region. A request for authorization was submitted for right wrist synovectomy multiple compartments, pre-op history and physical, laboratory studies, post op hand therapy and custom orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovectomy of right wrist, multiple compartments: Overturned

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 rationale: According to ACOEM Chapter 11, page 270, referral for hand surgery consultation may be indicated for patients who, have red flags of a serious nature, fail to respond to conservative management including worksite modifications, 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. This patient has clinical evidence of synovitis of his wrist. Conservative therapy has not improved his symptoms. He has persistent symptoms despite therapy. Exam shows wrist synovitis. Synovectomy is the most appropriate treatment because medical therapy has failed. Therefore the request is medically necessary.

Pre-op H&P, CBC, & CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

Decision rationale: ODG-TWC, Low Back updated 5/15/15 states; preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing (Feely, 2013). Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. It is unclear whether the benefits accrued from responses to true-positive tests outweigh the harms of false-positive preoperative tests and, if there is a net benefit, how this benefit compares to the resource utilization required for testing. An alternative to routine preoperative testing for the purpose of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. However, the relative effect on patient and surgical outcomes, as well as resource utilization, of these two approaches is unknown (AHRQ, 2013). The latest AHRQ comparative

effectiveness research on the benefits and harms of routine preoperative testing concludes that, except for cataract surgery, there is insufficient evidence comparing routine and per-protocol testing. There is insufficient evidence to support routine preoperative testing for low risk procedures, and in this case, the records do not document any medical issues that require selective preoperative testing. Therefore the request is not medically necessary.

Post-op hand therapy 2 x 6 for right wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: Extensor tenosynovectomy [DWC]: Postsurgical treatment is 14 visits over 3 months. The postsurgical physical medicine treatment period is 6 months. The requested 12 visits are consistent with MTUS guideline. Therefore the request is medically necessary.

Associated surgical service: Custom orthosis x 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: Splinting should be certified. Per ACOEM: Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications. A splint is required after surgery for comfort. Therefore the request is medically necessary.