

Case Number:	CM15-0016575		
Date Assigned:	02/04/2015	Date of Injury:	10/06/2013
Decision Date:	05/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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 66-year-old male who reported an injury on 10/01/2013. An MRI report dated 08/23/2014 showed an impression of thinning of the triangular fibrocartilage central disc with small perforation near its radial attachment and degeneration and partial tearing of the ulnar styloid attachment with no full thickness tear identified; there was moderate extensor carpi ulnaris tendinosis with interstitial tearing at the level of the ulnar styloid and no tenosynovitis; mild flexor carpi ulnaris proximal to the insertion of the pisiform and degeneration of the scapholunate ligament with no fluid filled tear or diastasis, subchondral cystic change along the ulnar aspect of the proximal pole of the scaphoid at the scapholunate articulation likely represents overlying cartilage degeneration with no discrete defect identified; and there was no bone contusion, stress reaction, fracture, or evidence of avascular necrosis. On 02/12/2015, he presented for an evaluation regarding his work related injury. He reported significant improvement in his ulnar-sided wrist pain. On examination, he had decreased tenderness over the ulnocarpal joint and continued to have positive ulnocarpal grind. It was stated that he was to hold off on the ulnar shortening osteotomy to see if there was further improvement in his symptoms. It was noted that he would return in 4 weeks for an evaluation. The treatment plan was for a right ulnar shortening osteotomy outpatient procedure, comprehensive H and P, medications, and hand therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Shortening Osteotomy (outpatient procedure): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, wrist, & Hand Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/Hand, Ulna Shortening Surgery.

Decision rationale: The California ACOEM Guidelines indicate that referral for hand surgery is indicated for those who have evidence of a red flag of a serious nature and for those who failed to respond to conservative management, and who have clear clinical and special study evidence of a lesion that has been shown to benefit in the long and short term from surgical repair. The Official Disability Guidelines recommend ulnar shortening osteotomies as an option for those who have injuries to this area. The documentation provided indicated that the injured worker was improving and that he expressed wanting to hold off on surgery to see if his symptoms improved. There was no follow-up evaluation provided to show that the injured worker's condition had declined to the point that he requested to undergo the surgical intervention. In addition, there were no indications that he had any significant functional deficits to support the requested intervention. Without this information, the request would not be supported by the evidence-based guidelines. As such, the request is not medically necessary.

Associated Surgical Service: Comprehensive H & P: 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.

Relafen 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended for the short term symptomatic relief of low back pain and osteoarthritis and tendinitis in joints then lend themselves to therapy. There was no indication that the injured worker had complained

of low back pain or that he had osteoarthritis or tendinitis to support the request for this medication. Furthermore, there was a lack of documentation showing that the injured worker had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. In addition, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Percocet 5/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is recommended during opioid therapy. The documentation provided showed that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. In addition, no official urine drug screens or CURES reports were provided for review to show that he had been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Associated Surgical Service: Certified Hand Therapy (12 sessions): 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.