

Case Number:	CM15-0135818		
Date Assigned:	07/23/2015	Date of Injury:	05/01/2013
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/14/2015

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, Hand 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 35-year-old male, who sustained an industrial injury on 5/1/13. The injured worker has complaints of neck pain radiating to his bilateral shoulders, bilateral carpal tunnel syndrome, lower back pain and abdominal pain. The diagnoses have included cervical spine; degenerative disc disease; lumbar spine disc bulges; right carpal tunnel syndrome and left carpal tunnel syndrome. Treatment to date has included lumbar spine X-rays on 5/1/15 showed mild spondylosis worst at L5-S1 (sacroiliac); pelvis X-rays on 5/1/15 showed mild bilateral hip osteoarthritis; left wrist magnetic resonance arthrogram on 5/13/15 showed there is foreshortening of the ulna with negative ulnar variance of approximately 6 millimeter, the ulna is annulated towards the distal radial shaft, there is thickening and intermediated signal within the triangular fibrocartilage complex; lumbar epidural steroid block under fluoroscopy with epidurography and medications. The request was for left wrist scope, intraarticular surgery and right wrist scope, intraarticular surgery. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist scope, intraarticular surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 19, Wrist Arthroscopy.

Decision rationale: This is a request for arthroscopic wrist surgery. A large volume of records provided documents symptoms attributed to the cumulative effects of occupational activities up to May 2013 with pain in the head, neck, both upper extremities, low back, left lower extremity and abdomen. Absent from records provided are records from the treating surgeon. With long-standing symptoms and abnormalities noted on evaluation, the California MTUS would support surgical consultation. The proposed arthroscopic surgery is beyond the scope of the California MTUS, but discussed in detail in the specialty text referenced. The injured workers widespread symptoms cannot be attributed to a wrist joint problem. There is no reasonable expectation of substantial symptom relief and functional improvement such as return to work to justify the proposed wrist arthroscopy which is determined to be unnecessary.

Right wrist scope, intraarticular surgery: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 19, Wrist Arthroscopy.

Decision rationale: This is a request for arthroscopic wrist surgery. A large volume of records provided documents symptoms attributed to the cumulative effects of occupational activities up to May 2013 with pain in the head, neck, both upper extremities, low back, left lower extremity and abdomen. Absent from records provided are records from the treating surgeon. With long-standing symptoms and abnormalities noted on evaluation, the California MTUS would support surgical consultation. The proposed arthroscopic surgery is beyond the scope of the California MTUS, but discussed in detail in the specialty text referenced. The injured workers widespread symptoms cannot be attributed to a wrist joint problem. There is no reasonable expectation of substantial symptom relief and functional improvement such as return to work to justify the proposed wrist arthroscopy which is determined to be unnecessary.