MAXIMUS Federal Services

Case Number:	CM15-0138297		
Date Assigned:	07/28/2015	Date of Injury:	11/27/2013
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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 64 year old male, who sustained an industrial injury on 11/27/13. He has reported initial complaints of onset of pain in the right wrist. The diagnoses have included sprain/ strain of right wrist and tears of the triangular fibrocartilage and volar band of the scapholunate ligament right wrist. Treatment to date has included medications, sling, brace, cast, splint, wrist injections, left hand/wrist surgery on 9/8/14 and 1/20/15, physical therapy, and home exercise program (HEP). Currently, as per the physician letter dated 6/17/15, the injured worker was having ongoing problems and increased pain in the right wrist. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right wrist dated 6/11/15 that reveals tears of the triangular fibrocartilage and volar band of the scapholunate ligament. The physical exam reveals marked tenderness along the right radiocarpal joint, a positive scaphoid shift test and ongoing problems with limited function on the right side. Work status is modified with limitations. The physician requested treatments included Right Wrist/Hand Surgery and Pre-operative exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre operative exam: 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 Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations Molly A. Feely, Md; C. Scott Collins, Md; Paul R. Daniels, Md; Esayas B. Kebede, Md; Aminah Jatoi, Md; And Karen F. Mauck, Md, Msc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a peri-operative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has undergone two similar surgical procedures most recently on January 20, 2015 with pre-operative testing and without medical or anesthetic complications. Therefore, the request for repeat pre-operative evaluation is determined to be unnecessary.

Right Wrist/Hand Surgery: Overturned

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

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. Chapter 15, carpal instability.

Decision rationale: In this case, I recommend overturning the prior UR decision as I have greater information available. The previous review indicates the reviewer had a generic request for surgery from the primary treating occupational physician, but no details of the proposed surgery from the treating surgeon. Records provided for my review include those from the treating surgeon. The injured worker has wrist pain from a combination of gouty arthropathy which is a crystalline inflammatory arthritis and carpal instability from scapholunate ligament tearing. The California MTUS would support referral for surgical consultation and consideration in a case such as this with long-standing symptoms interfering with function and multiple anatomic problems identified. The details of the proposed surgery are beyond the scope of the California MTUS, but described in detail in the specialty text referenced. The plan is for arthroscopic examination of the wrist with debridement and possible repair of the torn ligament. A June 11, 2015 MRI confirms the ligament tear and the treating surgeon notes correlating symptoms, examination findings and x-ray findings. Therefore, the proposed surgery is determined to be necessary and appropriate.