

Case Number:	CM15-0138361		
Date Assigned:	07/29/2015	Date of Injury:	04/04/2014
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
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 30 year old female, who sustained an industrial injury on April 4, 2014. She reported worsening bilateral wrist pain with some radiating pain into her forearms. Treatment to date has included MRA, wrist splints, medication, physical therapy, electro diagnostic studies and activity modifications. Currently, the injured worker complains of bilateral hand numbness involving the ring and small fingers and tenderness in her elbow. She also reports bilateral wrist pain. She reports the pain is aggravated by grasping and gripping and when the elbow is flexed, and is alleviated by extending her elbow. She describes the pain as mild, dull, aching, numbness and tingling and is rated at 5 on 10. The injured worker is currently diagnosed with cubital tunnel syndrome (ulnar nerve impingement at the elbow) and arm-hand- wrist pain. Her work status is off duty. A progress note dated April 12, 2015; states the injured worker has experienced therapeutic failure from wrist splints, physical therapy and activity modifications. A progress note dated June 29, 2015; states the injured worker's symptoms are worsening. The electro diagnostic studies done on January 30, 2015 reveal right ulnar neuropathy in the right elbow. Due to therapeutic failure from conservative treatment; the following right surgical procedures, wrist neuroplasty and right wrist arthroscopy are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist neuroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) - Arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-270. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Chapter 30, Compression Neuropathies.

Decision rationale: This is a request for right wrist neuroplasty. Records include January 30, 2015 electro diagnostic testing which revealed no evidence of compressive neuropathy at the wrist. There was borderline evidence of ulnar neuropathy at the elbow with the ulnar nerve conduction velocity from above to below the elbow being 50 m/s; the testing physician notes a normal range of greater than 49 m/s that is, the result was normal, but on the slow side. Additional testing of the ulnar nerve including distal motor and sensory latencies, amplitude and conduction velocity from below the elbow to the wrist was normal. Electromyography was normal throughout the extremity. There is no evidence of compressive neuropathy at the wrist that might benefit from nerve decompression surgery at the wrist. The objective evidence from the January 30, 2015 electro diagnostic testing was that all 3 major nerves crossing the wrist are normal, therefore in not medically necessary.

Right wrist arthroscopy: 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 (Acute & Chronic) - Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 19, Wrist Arthroscopy.

Decision rationale: This is a request for right wrist arthroscopy. An MR arthrogram was requested to, "rule out scapholunate dissociation versus triangular fibrocartilage complex tear, suspect dorsal ganglion cyst." The June 12, 2015 MRI revealed no evidence of scapholunate dissociation, triangular fibrocartilage complex tearing, ganglion cyst formation or other articular abnormalities which might be improved by arthroscopic wrist surgery. With the MR arthrogram revealing no evidence of an articular injury or source of symptoms, there is no reasonable expectation of substantial symptomatic or functional improvement with the proposed surgery, therefore in not medically necessary.