

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0147682 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 12/30/2014 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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 65 year old male who sustained an industrial injury on 12-30-14. Initial complaints and diagnoses are not available. Treatments to date include medications, cortisone injections, home exercises, hand splints, and physical therapy. Diagnostic studies include a MRI of the wrist on 03-03-15. Current complaints include left hand pain. Current diagnoses include radiocarpal osteoarthritis and distal radial ulnar joint osteoarthritis. In a progress note dated 06-30-15 the treating provider reports the plan of care as a steroid injection into the radiocarpal joint on the date of service, and anterior and posterior interosseous neurectomy of the left wrist. The requested treatments include anterior and posterior interosseous neurectomy of the left wrist and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

AIN/PIN Neurectomy, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation William P. Cooney. the Wrist: Diagnosis and Operative Treatment page 805.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Operative Techniques in Orthopaedic Surgery Chapter 85, Wrist Denervation Pages 2791-2794.

Decision rationale: This is a request for surgical wrist denervation to diminish the pain from wrist arthritis and tenosynovitis. A June 30, 2015 report from the treating surgeon discusses surgical treatment options and indicates the patient's desire to proceed with surgery, but a more recent report of July 15, 2015 from the primary treating physician notes that patient's symptoms were improved by injections and recommends a trial of return to regular work and re-evaluation in a few weeks. An update from the treating physicians is necessary to determine the appropriateness of surgery. That is, if the patient is improved, successfully returned to regular work and symptoms are tolerable, surgery is not necessary. If the injured worker remains frustrated by symptoms and wishes to proceed with surgery, the surgery would be appropriate. The request is not medically necessary.

Post-operative physical therapy x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: This is a request for therapy following wrist denervation surgery. The California MTUS does not specifically mention this somewhat rare, surgery but the surgery is proposed for painful arthrosis and the guidelines for arthropathy are appropriate. The guidelines support up to 24 visits over 8 weeks with an initial course of therapy being defined as one-half the number or 12 visits. The surgery is not supported as medically necessary at this time, but if the surgery is determined to be appropriate 12 post-operative therapy sessions would also be appropriate. The request is not medically necessary.