

Case Number:	CM15-0166263		
Date Assigned:	09/03/2015	Date of Injury:	02/15/2011
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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 51 year old male, who sustained an industrial injury on 2-15-2011. He reported left wrist pain. Diagnoses have included carpal tunnel syndrome and contracture of joint, forearm. Treatment to date has included occupational therapy, acupuncture and medication. Magnetic resonance imaging (MRI) of the left wrist from 6-30-2015 showed a fracture of the lunate with some separation between the fractured fragments and mild subchondral erosion of the distal radial epiphysis. According to the orthopedic evaluation dated 5-21-2015, the injured worker complained of left wrist pain. He was unable to use his left upper extremity due to pain. Physical exam revealed that the injured worker held his left hand in a very protective position. The hand was very dysfunctional. He had very little wrist range of motion. He had a small mass on the dorsum of his long finger metacarpal, which was very tender to palpation. There was tenderness to palpation over the distal radius, radiocarpal and midcarpal joints. The treatment plan was for magnetic resonance imaging (MRI). Authorization was requested for excisional biopsy left hand and mass with pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excisional Biopsy left hand and mass: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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 65; bone and soft tissue tumors Chapter 18; fractures of the carpal bones; discussion of Kienbock's disease begins on page 693.

Decision rationale: This is a request for excision of a hand mass. Only a single initial report of May 21, 2015 by the requesting physician is provided for review. The report notes the injured worker developed wrist pain while chopping with ax on February 15, 2011, has not worked since then and has severe ongoing symptoms. On examination motion throughout the hand including all fingers is noted to be very poor and the hand is reported to be diffusely edematous/swollen. On x-ray there was noted to be probable Kienbock's or lunate osteonecrosis for which MRI of the wrist was recommended. The report gives no impression. In discussion it is noted that if the wrist MRI is consistent with Kienbock's, "the only way to treat it is with wrist arthrodesis" or fusion. June 30, 2015 MRI was consistent with lunate fracture. The requested treatment is beyond the scope of the California MTUS, but discussed in the specialty text referenced. The request is highly unusual as the described mechanism of injury, chopping with ax in 2011, would not cause a hand mass. Neither the hand mass nor the lunate osteonecrosis and fracture would cause pain, swelling and stiffness in all fingers as described. The diffuse symptoms and pain disproportionate to the described injury years ago and objective findings is suggestive of complex regional pain syndrome, which can be made worse by surgical intervention. The statement that arthrodesis is the only treatment for Kienbock's/lunate osteonecrosis is false. If both the mass and lunate osteonecrosis are felt to be a source of symptoms, concurrent surgical treatment of both problems would appropriately be performed rather than subjecting the patient to 2 surgeries and anesthetics. At this time, there is insufficient information provided to justify the requested hand mass removal. The request is not medically necessary.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Preoperative testing, general.

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: The requested pre-op clearance is not discussed in the California MTUS. 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 perioperative 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 individual is previously healthy. The request is not medically necessary.

