MAXIMUS Federal Services

Case Number:	CM15-0191711		
Date Assigned:	10/05/2015	Date of Injury:	11/18/2013
Decision Date:	12/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 44 year old male with an industrial injury dated 11-18-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post left carpal tunnel release, left mild cubital tunnel syndrome, status post left wrist arthroscopy with triangular fibrocartilage debridement, left midcarpal arthritis as verified at arthroscopy, and left ulnocarpal abutment syndrome as verified at arthroscopy. According to the progress note dated 09-01-2015, the injured worker reported persistent left wrist pain with radiation to the elbow. The injured worker also reported pain along the ulnar aspect of the wrist. The pain worsens with any twisting or forceful grasping activities. The injured worker reported that he often dropped things. The injured worker reported that the symptoms have improved with therapy and his numbness has considerably subsided. He had felt therapy to be beneficial but feels as though he is plateauing and any further therapy has not advanced his strength. The injured worker found the H-wave unit quite helpful. Pain level score on a visual analog scale (VAS) was not included in report. Objective findings (09-01-2015) revealed 55 degrees wrist flexion, 60 degrees extension, tenderness along the dorsocentral wrist, pain with ulnar deviation and triangular fibrocartilage complex (TFCC) loading, stable distal ulna, softened scars, normal intrinsic strength and improved thenar strength. Magnetic Resonance Imaging (MRI) of the left wrist dated 01-10- 2014 revealed triangular fibrocartilage tear, no evidence of tenosynovitis, nonspecific multifocal hyperintense T2 foci in the capitate, scaphoid, and lunate of uncertain significance and no evidence of ligamentous abnormality. Treatment has included prescribed medications, at least 7 hand therapy sessions, Magnetic Resonance Imaging (MRI) of the left wrist on 1-10-2014, H-wave and periodic follow up visits. The treating physician prescribed

services for the request for osteoplasty ulna shortening, mid carpal fusion left, scaphoid excision left, possible ulna nerve release left, post-op occupational therapy-physical therapy up to 6 months post-surgery and Percocet 5-325 mg 1-2 prn 4-6 hours #45. The utilization review dated 09-24-2015, non- certified the request for osteoplasty ulna shortening, mid carpal fusion left, scaphoid excision left, possible ulna nerve release left, post-op occupational therapy-physical therapy up to 6 months post-surgery and Percocet 5-325 mg 1-2 prn 4-6 hours #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteoplasty Ulna shortening left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of ulnar shortening osteotomy for TFCC tears. According to ODG Forearm, Wrist and Hand, Triangular fibrocartilage complex (TFCC) reconstruction, Recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Injuries to the triangular fibrocartilage complex are a cause of ulnar-sided wrist pain. Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability. In this case there is no evidence of a need for DRUJ instability or ulnar positive variance to warrant shortening osteotomy. Therefore the request is not medically necessary.

Mid Carpal Fusion left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of wrist fusion. ODG hand and wrist is referenced. Wrist fusion is recommended for severe post-traumatic arthritis after 6 months of conservative care. Fusion is recommended as the most reliable especially in young people with anticipated heavy demands. Pain and dysfunction can persist. In this case, there is no severe arthrosis documented on imaging. The request is not medically necessary.

Scaphoid excision left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of wrist fusion. ODG hand and wrist is referenced. Wrist fusion is recommended for severe post-traumatic arthritis after 6 months of conservative care. Fusion is recommended as the most reliable especially in young people with anticipated heavy demands. Pain and dysfunction can persist. In this case, there is no severe arthrosis documented on imaging. The scaphoid excision is part of the mid carpal fusion procedure and its necessity follows that of the fusion. The request is not medically necessary.

Possible Ulna nerve release left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM is silent on surgery for Guyon canal release. ODG forearm is referenced. Release can be recommended for symptoms persisting after 6 months of conservative care. Conservative care is recommended as OT, splinting, NSAIDs and activity modification. In this case, the records do not demonstrate conservative care aligned with the recommendations. The request is not medically necessary.

Post-op OT/PT up to 6 months post-surgery: 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 Official Disability Guidelines (ODG) wrist.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Percocet 5/325 mg 1-2 prn 4-6 hours #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.