

Case Number:	CM15-0194927		
Date Assigned:	10/08/2015	Date of Injury:	05/21/2015
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 42 year old, male who sustained a work related injury on 5-21-15. A review of the medical records shows he is being treated for left wrist pain. Treatments have included a left wrist support. In the progress notes, the injured worker reports left wrist pain. He has pain in left wrist when swinging a bat and pushing away from his body. He has no difficulty with activities of daily living. In the objective findings dated 9-3-15, he has some tenderness in the triangular fibrocartilage complex in left wrist. He has pain with maximum supination distal radioulnar joint. He has full range of motion in left wrist. MRI of left wrist with arthrogram dated 7-7-15 reveals "a tiny 0.2cm focal full thickness communicating tear is identified in the radial aspect of triangular fibrocartilage." He is working full duty. The treatment plan includes a recommendation for left wrist surgery. The Request for Authorization dated 9-10-15 has requests for left wrist surgery and associated services. In the Utilization Review dated 9-17-15, the requested treatments of left wrist surgery and associated services are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthroscopy intra-articular shaving debridement of triangular fibrocartilage:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 11th ed., Chapter 66, Wrist Disorders, Green's Operative Hand Surgery, 6th ed., Chapter 16, Distal Radioulnar Instability.

Decision rationale: This is a request for arthroscopic examination of the wrist for shaving of a torn TFC. In this case I recommend overturning the utilization review decision. The California MTUS guidelines would support surgical consultation in a case such as this with persistent symptoms and correlating MRI findings. The injured worker has wrist pain which began suddenly on May 21, 2015 and corresponds with a TFC tear noted on July 7, 2015 MRI. He has been treated with splinting. TFC tears are not a common diagnosis and the treatment is beyond the scope of the California MTUS guidelines, but discussed in the specialty texts referenced. The only routine non-surgical treatment is immobilization with a splint or cast which has been performed in this case. Other non-surgical treatments include pain medications and corticosteroid injection. With persistent symptoms despite splinting nearly 6 months after the accident, consideration of surgery is reasonable. The proposed surgery for arthroscopic debridement of the TFC is the most commonly recommended and standard form of surgical treatment for this injury. The request is medically necessary.

Pre-operative medical clearance: 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: The California MTUS does not address preoperative testing. 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. Therefore, the request for medical clearance is not medically necessary.

Post-operative OT 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The California MTUS guidelines support up to 10 therapy sessions over 10 weeks following arthroscopic TFC debridement surgery (page 22). An initial course of therapy is defined as half that number - 5 sessions. This request for 12 therapy sessions exceeds guidelines and is not medically necessary.