

Case Number:	CM15-0194996		
Date Assigned:	10/08/2015	Date of Injury:	01/22/2014
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
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: Oregon
 Certification(s)/Specialty: Plastic Surgery, Hand 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 64 year old male with an industrial injury date of 01-22-2014. Medical record review indicates he is being treated for dislocation, distal radioulnar joint, right wrist - reduced; rule out fracture right distal radius, rule out fracture of proximal right radial head, right elbow pain and right shoulder pain. Subjective complaints (08-28-2015-only record available for review) included pain in distal radioulnar joint. Objective findings (08-28-2015) noted painful distal radioulnar joint with a strongly positive impaction sign. Work status (08-28-2015) is documented as temporary total disability while awaiting authorization for surgical intervention. Medications included hydrocodone. Diagnostics are not indicated in the medical record review. Prior treatment is not indicated in the medical record review. On 09-18-2015 utilization review denied the request for the following: Pre-operative medical clearance X-Ray, Pre-operative medical clearance urinalysis, Pre-operative clearance EKG, Post-operative occupational therapy 2 times a week for 6 weeks, Post-operative medication Keflex 250 mg # 16, Post-operative medication Hydrocodone 5-325 mg # 30, Distal ulnar resection (right wrist).

IMR ISSUES, DECISIONS AND RATIONALES

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

Distal Ulnar resection (right wrist): Upheld

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 rationale: According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." The records provided are limited to 19 pages. The records do not document the etiology of the instability, the limitations that the patient is experiencing. Attempts at conservative care are not documented. The information is not sufficient in the records to confirm that the guidelines are met. The request is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: MTUS supports therapy following distal radial ulnar surgery. In this case, the information for review is not sufficient to confirm that the procedure is necessary. Therefore therapy is not required.

Post-operative medication Hydrocodone 5/325mg #30: 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: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35% of patients. Patients should be informed of these potential side effects. Opiates are appropriate for short term pain relief following surgery. In this case, the procedure is not certified and therefore the request for postoperative pain medication is not supported.

Post-operative medication Keflex 250mg #16: 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 J Hand Surg Am. 2011 Nov;36 (11):1741-7. doi: 10.1016/j.jhsa.2011.08.005. Epub 2011 Oct 5. Assessing the impact of antibiotic prophylaxis in outpatient elective hand surgery: a single-center, retrospective review of 8,850 cases. Bykowski MR1, Sivak WN, Cray J, Buterbaugh G, Imbriglia JE, Lee WP. Orthopedics. 2012 Jun;35(6):e829-33. doi: 10.3928/01477447-20120525-20. Is antibiotic prophylaxis necessary in elective soft tissue hand surgery. Tosti R1, Fowler J, Dwyer J, Maltenfort M, Thoder JJ, Ilyas AM.

Decision rationale: According to a study by Bykowski et al, "Given the potential harmful complications associated with antibiotic use and the lack of evidence that prophylactic antibiotics prevent SSIs, we conclude that antibiotics should not be routinely administered to patients who undergo clean, elective hand surgery." Perioperative antibiotics are not indicated for this clean case.

Pre-operative clearance EKG: 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 ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. The request is for a low risk procedure and the patient does not have any documented cardiac risk factors. EKG is not medically necessary.

Pre-operative medical clearance Urinalysis: 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 ODG-TWC, Low Back updated 5/15/15.

Decision rationale: ODG-TWC, Low Back updated 5/15/15 states: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." The patient does not have

any exam findings for renal disease or urinary tract dysfunction. The surgical procedure is not authorized. The request is not certified.

Pre-operative medical clearance X-Ray: 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 ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The request is for a low risk procedure and the patient does not have any documented pulmonary risk factors. CXR is not indicated.