

Case Number:	CM15-0195847		
Date Assigned:	10/09/2015	Date of Injury:	07/19/2011
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
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, Oregon, Washington
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:

This is a 46-year-old female with a date of industrial injury 7-19-2011. The medical records indicated the injured worker (IW) was treated for status post left carpal tunnel release (2014); derangement of left wrist; and distal radioulnar joint sprain-strain. In the progress notes (9-16-15), the IW reported major pain over left distal radioulnar joint. On examination (9-16-15 notes), there was tenderness to palpation over the left distal radioulnar joint. No previous treatments were documented. MRI of the left wrist on 6-25-12 was normal. A Request for Authorization dated 9-16-15 was received for arthroscopy of left wrist. The Utilization Review on 9-21-15 non-certified the request for arthroscopy of left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of the left wrist: 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).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and 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. In this case the exam note from 9/16/15 does not demonstrate evidence of failure of conservative management with bracing, activity modification or injection. In addition there is no clear surgical lesion on MRI from 6/25/12 to warrant surgical care. Therefore the determination is for non-certification. The request is not medically necessary.