MAXIMUS Federal Services

Case Number:	CM15-0196727		
Date Assigned:	10/12/2015	Date of Injury:	04/04/2014
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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 53 year old male, who sustained an industrial injury on April 4, 2014, incurring right wrist injuries. He complained of constant numbness and tingling in the right hand. He was diagnosed with arthritis of the right wrist and carpal tunnel syndrome of the right wrist. He underwent right carpal tunnel release, median nerve block and synovectomy on July 2, 2014. The carpal tunnel release gave the injured worker some relief. Other treatment included anti-inflammatory drugs, proton pump inhibitor, steroid injections and splinting of the wrist. Currently, the injured worker complained of persistent chronic right wrist pain with difficulties getting through his usual activities of daily living. He had weakness and stiffness with swelling in the radial aspect of the right wrist. He noted decreased range of motion of the right wrist. The treatment plan that was requested for authorization on September 17, 2015, included an anterior interosseous (AIN) and posterior interosseous (PIN) neurectomy and partial wrist fusion, pre-operative chest x ray, electrocardiogram, CBB and CMP. On September 16, 2015, a request for surgical interventions and pre-operative testing was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior interosseous (AIN) and Posterior interosseous (PIN) neurectomy and partial wrist fusion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Handhttp://www.ncbi.nlm.gov/pubmed/18780027.

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

Decision rationale: Per ODG: Arthrodesis (fusion) Recommended in severe posttraumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. Total wrist arthrodesis is regarded as the most predictable way to relieve the pain of posttraumatic wrist arthritis. Total wrist fusion diminishes pain, but wrist function is sacrificed. Patients may have functional limitations interfering with lifestyle, and total fusion does not always result in complete pain relief. Arthrodesis (fusion) provides a pain-free stable joint with a sacrifice of motion. It may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. This patient has had chronic pain of his wrist for an extended period of time. He has failed conservative treatment with bracing. X-rays shows advanced wrist arthritis (scapho-lunate advanced collapse). Arthrodesis is medically necessary to alleviate his wrist pain. Wrist denervation is also indicated to decrease the sensory response to wrist arthritis. Neurectomies are also medically necessary. According to a review by Storey et al, "Surgical wrist denervation involves division of the anterior and posterior interosseous nerves and articular branches of the superficial radial nerve. We have found this procedure useful in ameliorating symptoms for some patients who would conventionally have required partial or total wrist fusions with greater residual functional limitation." Wrist denervation will improve the patient's pain.

Pre-op testing: Chest X-ray: Overturned

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 lab testing.

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. This patient is undergoing a low risk procedure and does not have any documented pulmonary risk factors. CXR is not indicated. The notes indicate that the patient has a history of tuberculosis. Although he is not symptomatic, a preoperative CXR is reasonable given that he will be requiring general anesthesia for his procedure.

Pre-op testing: 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 (ODG) Low back - Preoperative lab testing.

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. This patient is undergoing a low risk procedure and does not have any documented cardiac risk factors. EKG is not medically necessary.

Pre-op testing: CBB: Overturned

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 ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: "Preoperative testing (e.g., chest radiography, electro-cardiography, laboratory testing, 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 has a history of hepatitis. He will be receiving a general anesthesia, and the anesthetic agents have known hepatic risks. Preoperative laboratory studies are appropriate given the history of hepatitis.

Pre-op testing: CMP: Overturned

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 ODG-TWC, Low Back updated 5/15/15.

Decision rationale: Per ODG: "Preoperative testing (e.g., chest radiography, electro-cardiography, laboratory testing, 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 has a history of hepatitis. He will be receiving a general anesthesia, and the anesthetic agents have known hepatic risks. Preoperative laboratory studies are appropriate given the history of hepatitis.