

Case Number:	CM15-0196736		
Date Assigned:	10/12/2015	Date of Injury:	01/06/2014
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of January 6, 2014. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for an arthroscopic procedure involving the wrist. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 2, 2015 office visit, the applicant reported 8/10 constant and severe wrist, hand, and thumb pain. The applicant exhibited a diagnosis of unspecified arthropathy involving the injured wrist. Painful range of motion about the injured wrist was appreciated with a positive Phalen maneuver appreciated about the same. Norco was endorsed. An unspecified arthroscopic procedure involving the wrist was sought while work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On a separate note dated August 4, 2015, somewhat blurred as a result of repetitive photocopying, the applicant was described by hand surgeon as having ulnar wrist pain secondary to a triangular fibrocartilage tear. The attending provider contented that the applicant's presentation was suggestive of ulnar pain evocative for a triangular fibrocartilage tear. The attending provider stated that MRI imaging had failed to confirm his suspicion but noted that he wished that the applicant underwent a diagnostic arthroscopy with complete synovectomy of the wrist and likely triangular fibrocartilage debridement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic procedure involving right wrist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Hand, Wrist, and Forearm Disorders, 3rd ed. pg. 704-705 ARTHROSCOPY Diagnostic arthroscopy is often combined with surgical repair (see Surgery section).

Decision rationale: Yes, the proposed arthroscopic procedure involving the right wrist was medically necessary, medically appropriate, and indicated here. The request in question, per the applicant's hand surgeon's report of August 4, 2015, represented a request for a diagnostic arthroscopy with likely triangular fibrocartilage repair and debridement. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Disorders Chapter notes that surgical repair procedures, either arthroscopic or open, are recommended for applicants with symptoms associated with suggested triangular fibrocartilage tear which persists without trending toward resolution despite non-operative treatment in the past approximately three to six weeks. ACOEM further notes that diagnostic arthroscopic procedures, as were seemingly proposed here, are often combined with surgical repair procedures. Moving forward with the same was indicated, given the failure of over one year of non-operative treatment. Therefore, the request was medically necessary.