

Case Number:	CM15-0203580		
Date Assigned:	10/20/2015	Date of Injury:	08/12/2013
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/16/2015

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 45 year old male, who sustained an industrial injury on 8-12-2013. The injured worker is undergoing treatment for radial styloid tenosynovitis and wrist pain. Medical records dated 9-28-2015 indicate the injured worker complains of left wrist pain "including all the way up the left arm, shoulder and neck." Physical exam dated 9-28-2015 notes tenderness to palpation of the wrist and full range of motion (ROM) of the wrist and hand. Treatment to date has included splinting, rest, nonsteroidal anti-inflammatory drug (NSAID), wrist brace, nerve testing, physical therapy, acupuncture and injections. The treating physician indicates X-ray review indicates ulnar positive variance and 5-22-2015 magnetic resonance imaging (MRI) indicates positive variance, sclerosis radial styloid to scaphoid possible early SLAC changes and flexor tendon tenosynovitis. The original utilization review dated 10-2-2015 indicates the request for left wrist posterior interosseous nerve excision, left wrist diagnostic arthroscopy, TFCC debridement, left De Quervain's release is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist posterior interosseous nerve excision, left wrist diagnostic arthroscopy, TFCC debridement, Left Dequervains release: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., Chapter 19, Wrist Arthroscopy.

Decision rationale: This is a request for 4 wrist surgeries: Excision of the posterior interosseous nerve which is a nerve to the back of the wrist, arthroscopic examination of the wrist, debridement or trimming of the triangular fibrocartilage complex which is a small finger sided wrist ligament complex and release of the first dorsal wrist compartment which is the thumb sided wrist tendon tunnel. Only the deQuervain's treatment is mentioned in the CA MTUS guidelines, which notes, "the majority of patients with deQuervain's syndrome will have resolution of symptoms with conservative treatment." Specifically, symptoms attributable to constrictive first dorsal wrist compartment tendinopathy usually resolve with injection. The other surgeries are discussed in the specialty text referenced. Records from the treating provider note diffuse symptoms throughout the extremity and in the neck and that prior electrodiagnostic testing was consistent with cervical radiculopathy which would explain the widespread symptoms; no problem or combination of problems around the wrist reasonably explains pain in the upper arm and neck. In cases such as this with symptoms of unknown origin, injections are used as a way of better determining where symptoms are coming from. In this case, the treating provider performed a wrist injection with steroid and local anesthetic on July 15, 2015 to determine what symptoms were coming from the wrist and noted, "if he had a positive response to the cortisone injection he may ultimately benefit from wrist arthroscopy." Subsequent notes document, "he reports no improvement (following the wrist injection), even for one hour (when the wrist would have been numb from the local anesthetic)." With no improvement in symptoms following wrist joint injection, there is no reasonable expectation that wrist arthroscopy, TFCC debridement or posterior interosseous neurectomy will result in functional benefit for the patient. Those surgeries are not medically necessary. Therefore, the combined request for multiple surgeries is not medically necessary.