MAXIMUS Federal Services

Case Number:	CM15-0205219		
Date Assigned:	10/22/2015	Date of Injury:	11/07/2012
Decision Date:	12/08/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/19/2015

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 40 year old male who sustained an industrial injury on 11-7-12. A review of the medical records indicates that the worker is undergoing treatment for status post right wrist arthroscopic (TFCC) triangular fibrocartilage complex tear repair (5-1-13). Subjective complaints (9-9-15) include right wrist and hand pain. Objective findings (9-9-15) include tenderness over the right radial tunnel, negative Tinel at the cubital tunnel, tender over the TFCC, tender over the sixth dorsal compartment, and stabilization of the sixth dorsal compartment with the examiners thumb when the wrist is supinated decreases the pain significantly with that maneuver. The impression is noted as "right forearm radial tunnel syndrome which needs a radial tunnel release, he is still impinging on the TFCC, he needs a wafer-type procedure or ulnar shortening, has an unstable sixth dorsal compartment which needs stabilization." It is noted that because this is a revision surgery, it is recommended he see a hand sub-specialist. Previous treatment includes surgery, right wrist injection, traction, 24 sessions of hand therapy, exercise, wrist braces, Hydrocodone and Lyrica. A request for authorization is dated 9-15-15. On 9-19-15, the requested treatment of one referral to a medical doctor for radial tunnel release wafer type procedure stabilization was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to MD for radial tunnel release wafer type procedure stabilization: Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Radial Nerve Entrapment, and 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 referral to a hand surgery specialist for multiple surgeries including decompression of the radial nerve in the upper forearm, excision of a portion of the ulnar bone at the wrist and stabilization of a tendon as it crosses the wrist. The patient has long-standing symptoms attributed to a November 7, 2012 accident and persistent despite May 1, 2013 surgery. The California MTUS guidelines would support referral for hand surgery consultation in a case such as this, but the actual surgical requests can come only from the treating surgeon after appropriately discussing the proposed surgery, possible complications and alternative treatment options with the patient. This combined request for consultation with a hand surgeon and multiple surgeries is not supported. The request for radial tunnel release does not meet California MTUS guidelines: surgical treatment of radial nerve entrapment is discussed on page 38. The other 2 procedures are not discussed in the California Guidelines, but are discussed in the specialty text referenced. Therefore, while consultation with a hand surgeon would be appropriate, this combined request for multiple surgeries does not meet guidelines and is not medically necessary.