

Case Number:	CM15-0031682		
Date Assigned:	02/25/2015	Date of Injury:	05/25/2014
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 51 year old female who sustained an industrial injury on 05/25/2014. Diagnoses include dorsal radial carpal synovitis, left hand contusion, chronic regional pain syndrome of the left hand, neuropathic pain syndrome, and chronic myofascial pain syndrome. Treatment to date has included medications, and stellate ganglion block. A physician progress note dated 02/02/2015 documents the injured worker complains of severe and constant left wrist and hand pain with tingling in the left forearm and shoulder. Her pain is rated as a 5-7 out of ten on the visual Analog scale. She has difficulty in reaching above the left shoulder. Pushing, pulling, grabbing and grasping with left hand makes the pain worse. There is edema present in the left hand and peripheral circulation is reduced in the left hand. Range of motion of the left wrist, shoulder and cervical spine is restricted, and range of motion is painful. A Magnetic Resonance Imaging revealed potential intra-articular ganglion cyst as well as synovitis. Treatment requested is for left hand wrist surgery. On 02/11/2015 Utilization Review non-certified the request for left hand wrist surgery and cited was California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hand wrist surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 2/2/15 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore the determination is for non-certification.