

Case Number:	CM15-0039321		
Date Assigned:	04/09/2015	Date of Injury:	05/25/2014
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/02/2015

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:

This 51 year old woman who reportedly banged her hand on 5/25/2014. X-rays were normal. She reports severe burning pain throughout her upper extremity and in the neck. Further evaluation has included electrodiagnostic testing on July 31, 2014 which was normal and wrist MRI July 31, 2014 which revealed no full thickness TFC tear and a possible small volar ganglion. She has been treated with therapy, two wrist injections, two neck/stellate ganglion injections, naproxen, capsacian, neurontin and tylenol with codiene. She is not working. She continues to report constant burning pain throughout the neck and extremity. Examination is inconsistent, with some reports such as a June 4, 2014 evaluation noting no wrist swelling and others reporting diffuse swelling. A March 30, 2015 report notes severe burning pain throughout the extremity including above the clavicle and in the neck aggravated by any motion including of the neck. On examination there is noted to be diffuse edema, shiny skin, abnormal peripheral circulation, decreased sensibility in the forearm and hypersensitivity to light touch. Impressions include complex regional pain syndrome type one, neuropathic pain, myofascial pain and dorsal carpal synovitis. Recommendations include another stellate ganglion block and wrist arthroscopy. The request is for wrist arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Arthroscopy with Possible Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 40-41. Decision based on Non-MTUS Citation Pain Med. 2013 Feb; 14(2):180-229. doi: 10.1111/pme. 12033. Epub 2013 Jan 17. Complex regional pain syndrome: practical diagnostic and treatment guidelines, 4th edition. Harden RN1, Oaklander AL, Burton AW, Perez RS, Richardson K, Swan M, Barthel J, Costa B, Graciosa JR, Bruhl S; Reflex Sympathetic Dystrophy Syndrome Association.

Decision rationale: In this case, the mechanism of injury is not consistent with severe anatomic injury and none has been identified. Rather, there are severe, diffuse, non-anatomic ongoing symptoms suggestive of complex regional pain syndrome. The majority of those symptoms cannot be attributed to any wrist source. Complex regional pain syndrome is well known to be triggered by trauma or surgery and can be made worse by surgery. Surgery on the affected limb is contraindicated except in cases with a specific anatomic triggering source, such as a focal nerve injury, which is absent in this case. With diffuse symptoms only a minority of which could be attributed to the minor wrist imaging abnormalities and severe non-anatomic symptoms suggestive of CRPS, wrist arthroscopy is not medically necessary and appropriate.