MAXIMUS Federal Services

Case Number:	CM15-0040140		
Date Assigned:	03/10/2015	Date of Injury:	11/27/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/03/2015

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: Illinois, California, Texas
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 41-year-old male who sustained an industrial injury on 11/27/13. The mechanism of injury was not documented. Conservative treatment had included physical therapy and work modifications. The 7/18/14 treating physician report documented persistent left wrist pain. Pain had been circumferential, but mainly along the ulnar side of the wrist. Physical exam documented full wrist and digits range of motion, and no joint instability. There was pain at the extensor carpi ulnaris (ECU) with resisted ulnar deviation. There was tenderness to palpation over the ECU, particularly at the 6th dorsal compartment at the ulnar groove. There was no apparent subluxation on exam. X-rays of the left wrist were obtained and showed a positive ulnar variance. The diagnosis included left 1st and 6th dorsal compartment tenosynovitis, triangular fibrocartilage complex (TFCC) tear, and resolving left thumb trapeziometacarpal joint arthritis. Exam findings were suggestive of multiple origins of pain on the ulnar side of the left wrist, such as tendinopathy at the ECU and TFCC tear. A diagnostic injection was provided to the 6th dorsal compartment with positive response. The treatment plan recommended a 6th dorsal compartment release of the ECU tendon, with possible tenosynovectomy. A request was submitted for left wrist diagnostic arthroscopy with possible debridement and repair of the TFCC with arthroscopy set, post-op physical therapy 3x4, post-op splint, and anesthesia/axillary sedation. The 2/25/15 utilization review non-certified a request for left wrist diagnostic arthroscopy with possible debridement and repair of the triangular fibrocartilage complex (TFCC) and associated surgical requests as there was no imaging available in the records to document TFCC pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Diagnostic Arthroscopy with Possible Debridement and Repair TFCC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Occupational Medical Practice Guidelines 2nd Edition. Chapter 11 Hand, Wrist and Forearm Disorders (Update 2009), page 80.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and 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. The ACOEM Hand, Wrist and Forearm Disorder Guidelines recommend surgical repair of the triangular fibrocartilage complex (TFCC) for patients with instability, concomitant fractures or symptoms that persistent without trending towards resolution despite non-operative treatment and the passage of approximately 3 to 6 weeks. Guideline criteria have not been met. There is no current imaging evidence of triangular fibrocartilage complex pathology. There are no clinical exam findings of instability in the available records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the TFCC and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Associated Surgical Services: Arthroscopy Set: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Occupational Medical Practice Guidelines 2nd Edition. Chapter 11 Hand, Wrist and Forearm Disorders (Update 2009), page 80.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Associated Surgical Services: Post Op Occupational Therapy 3 x 4 Left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: As the surgical request is not supported, this request is not medically necessary

Associated Surgical Services: Post Operative splint (if needed), Anesthesia/Axillary Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Silber JH, Kennedy SK, Even-Shoshan O, Chen W, Koziol LF, Showan AM, Longnecker DE, Anesthesiologist direction and patient outcomes. Anesthesiology, 2000 Jul 93(1):152-63, American College of Occupational and Environmental Medicine (ACOEM); Occupational Medical Practice Guidelines 2nd Edition. Chapter 11, Hand, Wrist and Forearm Disorders (Update 2009), pages 89 and 90.

Decision rationale: As the surgical request is not supported, this request is not medically necessary

Associated Surgical Services: Rheumatoid Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examination and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM); Occupational Medical Practice Guidelines 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS guidelines do not specifically address rheumatology consults. The ACOEM guidelines state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The 2/25/15 utilization review certified the request for rheumatoid consult based on imaging findings of an amyloid deposition near the ECU sheath. There is no compelling reason provided to support the medically necessary of additional consultation. Therefore, this request is not medically necessary.