

Case Number:	CM15-0041822		
Date Assigned:	03/12/2015	Date of Injury:	05/20/2013
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 43-year-old male, with a reported date of injury of 05/20/2013. The diagnoses include right wrist sprain, right carpal tunnel syndrome, and right forearm/wrist joint pain. Treatments to date have included carpal tunnel injection, oral medication, right carpal tunnel release, right wrist arthroscopy with debridement, an MRI of the right wrist on 06/24/2013, an electromyography and nerve conduction study on 08/14/2013, and eight hand therapy visits. The medical report dated 02/04/2015 indicates that the injured worker complained of pain and stiffness in his right hand and wrist, and pain localized to the wrist with painful popping. He rated his pain 7 out of 10. The objective findings include negative Watson maneuver, tenderness over the scapholunate ligament and lunotriquetral ligament, and decreased range of motion due to pain and guarding. A carpal tunnel injection had improved the patient's chronic aching in the hand and wrist but identified a primary wrist problem that warrants diagnostic arthroscopy. The treating physician requested right wrist arthroscopic stabilization with possible right forearm denervation procedure if it appeared a mechanical problem wasn't solved by the arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic stabilization right wrist with denervation procedure right forearm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand-Diagnostic Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand, diagnostic arthroscopy Book Chapter: Wrist Denervation. Jessica H. Peelman and Peter J. Stern Operative Techniques: Hand and Wrist Surgery, Procedure 85, 810-816.

Decision rationale: The patient is 43-year-old male with chronic right wrist pain that has failed conservative management of splinting, medical management, physical therapy and previous wrist arthroscopy with apparent TFCC debridement that did not help the patient. In addition, the patient had evidence of a possible carpal tunnel syndrome that improved with a steroid injection of the carpal tunnel. A recent MRI examination had not been performed of the right wrist after the previous surgical treatment. Radiographs were documented as normal except slight ulnar variance. Overall, the patient has chronic right wrist pain that has failed significant conservative management following previous wrist arthroscopy. Given the negative radiographic studies and previous conservative management, it would be prudent and reasonable to perform an MRI evaluation prior to any further surgical intervention, given the patient had not improved from the previous interventions. In addition, there is insufficient detail with respect to the denervation procedure to warrant its use. From the book chapter noted above, 'Patient selection is controversial. Local anesthetic blocks with post injection assessment of pain relief and functional improvement are useful in determining which patients may benefit from the procedure.' Thus, given the uncertainty overall with the patient's possible reasoning for chronic pain (if not primarily the wrist) and his lack of previous response to arthroscopy, it is reasonable to consider a local anesthetic block of the AIN/PIN to see if the patient may benefit from a partial denervation procedure. Therefore, the procedures should not be considered medically necessary.