MAXIMUS Federal Services

Case Number:	CM15-0046085		
Date Assigned:	03/18/2015	Date of Injury:	04/14/2014
Decision Date:	05/06/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/11/2015

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, 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 43-year-old male who reported an injury on 04/14/2014 due to cumulative trauma. On 01/28/2015, he presented for an evaluation. He reported constant swelling and pain on the dorsal aspect of the wrist and hand with loss of strength and pain radiating from the right forearm proximally. Examination was limited to the right and left upper extremities. There was some noted atrophy at the left forearm when compared to the right and marked swelling in the radial aspect of the right wrist and distal forearm. There was palpable boggy synovitis involving the entire region and a well healed old scar from a previous bone graft harvesting. There was swelling in a region measuring approximately 8.0 cm long and 4.0 cm wide. He had good extension of the thumb and extension of all of his fingers. He was able to flex the wrist at 45 degrees but there was massive swelling at the wrist when he would do this. He also had some lesions in the palm from psoriasis. A Radiology Report of the hand dated 01/28/2015 showed a defect in the distal radius from previous bone grafting, the radial carpal joint was intact, and there was an ulna minus of 2.0 mm. The treatment plan was for the injured worker to undergo a synovectomy of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synovectomy right wrist multiple compartments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Loss Data Institute, Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 270-271.

Decision rationale: According to the California ACOEM Guidelines, a surgical consultation may be considered when there is evidence that the injured worker has red flags of a serious nature, fails to respond to conservative management, and who have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. The documentation provided does not indicate that the injured worker has tried and failed all recommended conservative therapies to support the requested intervention. Also, there is a lack of documentation showing that the injured worker has any significant functional deficits at the right wrist to support the requested surgery. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Pre-op History & Physical: 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 Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op CBC and CMP: 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 Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op hand therapy 2 x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Custom Orthosis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.