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| <b>Case Number:</b>   | CM15-0052703 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 06/12/2013 |
| <b>Decision Date:</b> | 05/12/2015   | <b>UR Denial Date:</b>       | 03/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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 33-year-old female status post injury on 06/12/2013. The injured worker tripped over a seam in the floor and fell, resulting in pain in the left hand and all over the body. She was assessed with status post left wrist arthroscopy and debridement of the TFC complex on 10/27/2014. She was also assessed with medial epicondylitis of the left elbow and TFCC tear of the left wrist. The treatment has included 6 visits of physical therapy, a wrist brace, lidocaine patches, Tylenol, and Relafen. The injured worker underwent a lunotriquetral ligament repair, distal radioulnar joint arthrotomy with open repair of the TFCC pain in the distal radioulnar joint on 05/08/2012. An MRI of the elbow, reviewed by [REDACTED], MD, on 08/12/2013 showed minimal linear edema present in the distal ulna of the left wrist. Exam of the left upper extremity demonstrated no ecchymosis or erythema, decreased range of motion, and tenderness to palpation over the posterior aspect of the elbow and extension strength in the elbow at 4/5. The injured worker had persistent wrist pain given that the edema was in close proximity to the otherwise intact TFCC. It was recommended to inject the wrist since the injured worker demonstrated some swelling at the distal radioulnar joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Ulnar Shortening Osteotomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 29, 20-21. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand.

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

**Decision rationale:** According to California MTUS guidelines the referral for hand surgery is indicated for patients who have red flags of a serious nature, 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. The patient had a prior surgery for a TFCC tear with an arthrotomy. Repeat MRI did not show a tear, and the report from 07/13/2014 showed only degeneration. There was no evidence of ulnar position variation. Therefore, the request is not medically necessary.

**Pre-Operative Evaluation With Labs:** 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 Lab Testing.

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

**Norco 5/325 mg Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76.

**Decision rationale:** According to California MTUS guidelines the steps to take before a therapeutic trial of opioids should include a failed trial of non-opioid analgesics, baseline pain and functional assessments should be made, one physical and one psychosocial assessment should occur, a written consent or pain agreement for chronic use between the physician and surgeon should be written, and a urine drug screen should be performed. Additionally opioids are not generally recommended as a first-line therapy for some neuropathic pain. There is no record of a pain assessment or urine drug screen as recommended by guideline criteria. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the

medication is prescribed in order to determine the necessity of the medication. As such the request is not medically necessary.

**Post-Operative Occupational Therapy 2 times weekly for 4 weeks:** 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) Forearm\_Wrist\_Hand, Physical Therapy.

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