MAXIMUS Federal Services

Case Number:	CM15-0056458		
Date Assigned:	04/16/2015	Date of Injury:	09/02/2013
Decision Date:	06/03/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: Tennessee, Ohio
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 39-year-old female, who sustained an industrial injury on September 2, 2013, with a mechanism of injury being a fall onto an outstretched hand. The injured worker incurred injuries to her right scaphoid, hand and wrist and right leg. She was diagnosed with right wrist tenosynovitis, right upper arm paresthesia, right shin contusion, and right ribs contusion. Treatment included pain management and an EMG/NCV. The EMG/NCV dated 05/13/2014 reveled a normal nerve conduction velocity of the bilateral upper extremities per the physician documentation. Currently, on 09/18/2014, the injured worker complained of continued pain of the hand and wrist with limited range of motion. The right wrist x-ray was negative. The bone scan was negative. The injured worker underwent an MRI of the right wrist, per the physician documentation, on 08/19/2014, which revealed a partial tear of the lunate attachment of the membranous portion of the right scapholunate ligament, longitudinal tear of the mid to distal fibers of the right volar ulnotriquetral ligament, flattening of the median nerve to the right carpal tunnel, and increased signal in the median nerve, which were findings that can be seen in the right carpal tunnel syndrome. The physical examination revealed the injured worker was reluctant to move her wrist because of pain. When the injured worker flexed or extended the fingers, it caused sharp pain in the wrist. There was no edema, erythema, or bony deformity. The treatment plan included a referral to the specialist and a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Arthroscopy: 4 Portal Right Wrist Arthroscopy Diagnostic; Arthroscopic Debridement, Synovectomy, Repair; Application Short Arm Splint and Injection Anesthetic Peripheral Nerve/br dors wr: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Diagnostic Arthroscopy.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature, who fail to respond to conservative management (including worksite modifications), and who 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 guidelines do not address diagnostic arthroscopy, as such, secondary guidelines were sought. The Official Disability Guidelines indicate a diagnostic arthroscopy is recommended as an option if there are negative results on imaging, but symptoms continue after 4 to 12 weeks of conservative treatment. The clinical documentation submitted for review failed to indicate the injured worker had a failure of conservative care. The documentation indicated the injured worker underwent an MRI, which was not presented for review, which revealed objective findings. A diagnostic arthroscopy would not be supported. As the diagnostic arthroscopy would not be supported, the additional portion of the surgical procedure would not be supported. Given the above, the request is not medically necessary.

Medical Clearance before Surgery: 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.

Occupational Therapy (3 times a week for 4 weeks with CHT 1 day after surgery): 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.

Associated Surgical Service: Short Arm Splint Wrist Neutral Finger and Thumb Free (customized): 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.

Associated Surgical Service: Cold Therapy Device (home use - purchase): 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.

Associated Surgical Service: CPM (continuous passive motion device for finger movement - 30-days): 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.

Associated Surgical Service: DVT (deep vein thrombosis device used at the right lower extremity home use - purchase): 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.

Associated Surgical Service: TENS Unit (one month trial): 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.