MAXIMUS Federal Services

Case Number:	CM15-0080951		
Date Assigned:	05/01/2015	Date of Injury:	11/28/2012
Decision Date:	07/03/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/27/2015

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, Hand 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 47 year old female, who sustained an industrial injury on 11/28/2012. The injured worker is currently diagnosed as having chronic left hand pain with left wrist sprain, chronic right hand pain with right wrist sprain, chronic bilateral upper extremity pain, chronic cervical myofascial pain, chronic thoracic myofascial pain, chronic lumbar back pain, chronic polyarthralgias in the lower extremities, chronic temporomandibular joint syndrome, headaches, and neuropathic pain. Treatment and diagnostics to date has included electromyography/nerve conduction studies, right wrist MRI, left wrist MRI, and medications. In a progress note dated 03/17/2015, the injured worker presented with complaints of neck pain, left wrist pain, jaw pain, headaches, pain in both shoulders, upper and lower back pain, heel pain, and knee pain. The treating physician reported requesting authorization for left and right wrist surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthroscopy with debridement and ulnar wafer excision: 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, & Hand (Acute & Chronic) Triangular fibrocartilage complex reconstruction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41.

Decision rationale: This is a case of a relatively minor incident on November 28, 2012 during which the injured worker reportedly tripped and caught herself with her left arm against a wall, banging or spraining her left hand and twisting her low back. Extensive evaluation revealed no severe injury such as fracture or dislocation. There have been multiple changes of physicians. The current primary treating physician initially evaluated her on October 10, 2014. The most recent note from the primary treating physician of March 17, 2015 notes persistent neck pain, left wrist pain, jaw pain, headaches, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, bilateral hand pain, upper back pain, lower back pain, pain in both heels and pain in both knees. Impressions include chronic left hand pain with left wrist sprain and probable DJD, chronic right hand pain with right wrist strain, probable DJD, chronic bilateral upper extremity pain including bilateral medial and lateral epicondylitis and bilateral shoulder sprain, chronic cervical myofascial pain, chronic thoracic myofascial pain, chronic lumbar pain with lumbar MRI scan from June 4, 2013 showing an L1-L2 disc protrusion and L5-S1 disc protrusion, chronic polyarthralgias in the lower extremities with pain in both legs of unknown etiology possibly related to her lumbar injury, chronic left greater than right TMJ syndrome, cervicogenic /TMJ related headaches with a migrainous component, dyspepsia secondary to medications taken in the past for work injury such as NSAIDs, anxiety related to chronic pain, neuropathic pain in the left arm, neck, right hand, left lower back and left leg area; the patient was given a refill of 120 10-milligram Norco tablets, a refill of Cymbalta and it was recommended the patient remain off work. The requesting surgeon's notes are inconsistent: the initial December 23, 2014 evaluation notes, "carpal compression testing is negative" but the most recent report of April 6, 2015 states, "she has positive carpal compression testing." The symptoms reportedly this case are very chronic, over 2-1/2 years duration, and not anatomic, involving the head, neck, back and all 4 extremities. The impressions for which the multiple hand and wrist surgeries are proposed are not a plausible source of the reported non-anatomic symptoms. Surgery is ineffective for non-anatomic symptoms and the only mention of surgical treatment under the CA MTUS chronic pain guidelines notes that sympathectomy is not generally recommended. There is no reasonable expectation of substantial functional improvement with the multiple surgeries proposed, such as return to work or decreased reliance on prescription medications. The multiple surgeries requested including left wrist arthroscopy with debridement and ulnar wafer excision are not medically necessary.

Right wrist arthroscopy with debridement and ulnar wafer excision: 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, & Hand (Acute & Chronic) Triangular fibrocartilage complex reconstruction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41.

Decision rationale: The symptoms reportedly this case are very chronic, over 2-1/2 years duration, and not anatomic, involving the head, neck, back and all 4 extremities. The impressions for which the multiple hand and wrist surgeries are proposed are not a plausible source of the reported non-anatomic symptoms. Surgery is ineffective for non-anatomic symptoms and the only mention of surgical treatment under the CA MTUS chronic pain guidelines notes that sympathectomy is not generally recommended. There is no reasonable expectation of substantial functional improvement with the multiple surgeries proposed, such as return to work or decreased reliance on prescription medications. The multiple surgeries requested including right wrist arthroscopy with debridement and ulnar wafer excision are not medically necessary.

Left wrist dorsal ganglion cyst excision: 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, & Hand (Acute & Chronic) Surgery for ganglion cyst.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41.

Decision rationale: The symptoms reportedly this case are very chronic, over 2-1/2 years duration, and not anatomic, involving the head, neck, back and all 4 extremities. The impressions for which the multiple hand and wrist surgeries are proposed are not a plausible source of the reported non-anatomic symptoms. Surgery is ineffective for non-anatomic symptoms and the only mention of surgical treatment under the CA MTUS chronic pain guidelines notes that sympathectomy is not generally recommended. There is no reasonable expectation of substantial functional improvement with the multiple surgeries proposed, such as return to work or decreased reliance on prescription medications. The multiple surgeries requested including left wrist dorsal ganglion excision are not medically necessary.

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist, & Hand (Acute & Chronic) Carpal Tunnel Surgery.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 41.

Decision rationale: The symptoms reportedly this case are very chronic, over 2-1/2 years duration, and not anatomic, involving the head, neck, back and all 4 extremities. The impressions for which the multiple hand and wrist surgeries are proposed are not a plausible source of the reported non-anatomic symptoms. Surgery is ineffective for non-anatomic symptoms and the only mention of surgical treatment under the CA MTUS chronic pain guidelines notes that sympathectomy is not generally recommended. There is no reasonable expectation of substantial functional improvement with the multiple surgeries proposed, such as return to work or decreased reliance on prescription medications. The multiple surgeries requested including right carpal tunnel syndrome are not medically necessary.