

Case Number:	CM15-0085441		
Date Assigned:	05/12/2015	Date of Injury:	01/09/2013
Decision Date:	08/25/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 63 year old male, who sustained an industrial injury on January 9, 2013. The mechanism of injury was a backward fall out of a truck landing on his neck, back and bilateral hands. The injured worker has been treated for neck, back and right wrist complaints. The diagnoses have included cervical disc protrusion, cervical stenosis, cervical myofascial pain, intervertebral disc disease, lumbar disc protrusion, lumbar facet hypertrophy, lumbar impingement syndrome, lumbar stenosis, bilateral carpal tunnel syndrome, right wrist internal derangement, right wrist sprain/strain and fracture of carpal bone. Treatment to date has included medications, radiological studies, electrodiagnostic studies and splinting. Current documentation dated March 11, 2015 notes that the injured worker reported frequent to constant moderate neck pain and constant moderate lumbar spine pain and right wrist pain. Examination of the cervical spine revealed a painful and decreased range of motion. A cervical compression test caused pain on the left. Lumbar spine examination revealed a painful and decreased range of motion. A straight leg raise test was positive on the left and a Kemp's test caused pain. Right wrist examination revealed tenderness to palpation and a painful and decreased range of motion. The treating physician's plan of care included a request for complete scaphoid excision right wrist, including removal of loose bodies at the radial aspect of the radiocarpal joint, four quadrant intercarpal arthrodesis with bone graft from right distal radius, including use of cadaver bone to fill in defect, denervation of the right central wrist with excision of left anterior and posterior interosseous nerves, right carpal tunnel release with fluoroscopy, three view x-ray of

the right wrist, PA(physician's assistant) assistant and the medications Norco 10/325 mg # 40 with one refill and Keflex 500 mg # 20 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Complete scaphoid excision right wrist, including removal of loose bodies at the radial aspect of the radiocarpal joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case there does not appear to be a recent evaluation by the treating orthopedic hand surgeon since August 27th, 2014. Until a more recent and comprehensive evaluation by the hand surgeon is performed, the determination is not medically necessary.

Four quadrant intercarpal arthrodesis with bone graft from right distal radius, including use of cadaver bone to fill in defect: 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.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case

there does not appear to be a recent evaluation by the treating orthopedic hand surgeon since August 27th, 2014. Until a more recent and comprehensive evaluation by the hand surgeon is performed, the determination is not medically necessary.

Denervation of the right central wrist with excision of left anterior and posterior interosseous nerves: Upheld

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

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case there does not appear to be a recent evaluation by the treating orthopedic hand surgeon since August 27th, 2014. Until a more recent and comprehensive evaluation by the hand surgeon is performed, the determination is not medically necessary.

Right carpal tunnel release with fluoroscopy: 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.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case there does not appear to be a recent evaluation by the treating orthopedic hand surgeon since August 27th, 2014. Until a more recent and comprehensive evaluation by the hand surgeon is performed, the determination is not medically necessary.

Associated surgical service: Three view x-ray of the right wrist: 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: PA Assistant: 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.

Norco 10/325mg #40 x 1 refill: 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.

Keflex 500mg #20 x 1 refill: 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.