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| Case Number: | CM15-0087626 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 04/02/2014 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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 56-year-old male, who sustained an industrial injury on April 2, 2014. He reported slipping on stairs, falling down on his hand and shoulder. The injured worker was diagnosed as having left wrist pain and osteoarthritis of the basilar joint of the thumb. Treatment to date has included cortisone injection, MRIs, and medication. Currently, the injured worker complains of left wrist/hand pain. The Treating Physician's report dated March 11, 2015, noted the injured worker reported the left wrist/hand pain in the trapezial region of the left wrist increased, complaining of sharp, shooting pain, rated as 8/10. The injured worker reported that a cortisone injection did not help. Physical examination was noted to show tenderness to palpation of the STT basilar joint. The treatment plan was noted to include an arthroscopy of the basilar joint/SST joint wrist given the almost year long duration of symptoms. A MRI was noted as not showing obvious cysts in this area; however the Physician felt he had a persistent low grade synovitis, to be addressed with the arthroscopic procedure. The injured worker was noted to also require shoulder surgery, which the Physician noted would be optimal to do at the same time. MRI results from 1/2/15 of the left wrist, ordered due to radial sided pain, state findings consistent with possible trapezium non-displaced fracture, cystic degenerative findings of the lunate and distal ulna, 3 cystic fluid collections and mild increased joint fluid of the DRUJ. Conservative management of the left wrist has included NSAIDs, steroids, and bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthroscopy scaphotrapezial trapezoid joint, arthroscopy wrist, excision and/or repair of triangular fibrocartilage and/or joint debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 270.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand, Diagnostic Arthroscopy.

Decision rationale: The patient is a 56-year-old male with chronic left wrist pain secondary to a previous trauma that has failed to resolve or improve with conservative management of splinting, NSAIDs and steroid injection. This is affecting his function of the left wrist negatively. MRI results were abnormal with respect to the left wrist, with possible non-displaced lunate fracture, degenerative findings of the lunate and distal ulna and abnormal DRUJ. As the exact source of his pain is unknown, an arthroscopic evaluation should be considered medically necessary to evaluate the wrist more fully and provide possible treatment of his pain. From ODG, According to the Official Disability Guidelines, a diagnostic arthroscopy is recommended as an option after four to twelve (4-12) weeks of conservative care, with continued complaints of pain despite normal radiographs. The patient is noted to have undergone greater than 12 weeks of conservative care with continued significant wrist pain. MRI results do not provide a definitive diagnosis for his chronic pain. Therefore, arthroscopy with TFCC and STT evaluation should be considered medically necessary. The UR had stated that there was not clear evidence of a surgically correctable condition, it should not be considered medically necessary. As stated, a diagnostic arthroscopy can help to further define the condition and provide a possible surgical treatment.

Post op occupational therapy 2 x 2 week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22 and 10.

Decision rationale: As the arthroscopy was considered medically necessary, post-surgical physical therapy should be considered medically necessary based on the following guidelines: TFCC injuries-debridement (arthroscopic) [DWC]: Postsurgical treatment: 10 visits over 10 weeks; Postsurgical physical medicine treatment period: 4 months. From page 10, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Therefore, based on these guidelines, 12 visits would exceed the initial course of therapy guidelines and should not be considered medically necessary. Up to 5 visits initially would be consistent with these guidelines.