

Case Number:	CM15-0089681		
Date Assigned:	05/14/2015	Date of Injury:	04/20/2002
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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, Indiana, Oregon
 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 56-year-old male with an industrial injury dated 4/20/2002. The injured worker's diagnoses include sprain/strain of carpal (joint) of wrist, probable triangular fibrocartilage complex (TFC) tear of right wrist, and possible scapholunate ligament injury of right wrist. Treatment consisted of diagnostic studies, prescribed medications, injection and periodic follow up visits. In a progress note dated 4/16/2015, the injured worker reported continued pain in the right hand and wrist, despite injection from previous visit. Objective findings revealed mild tenderness in dorsal aspect of the scapholunate interval, mild to moderate tenderness dorsal ulnocarpal joint, full range of motion in all digits of the right hand and decrease right hand grip strength. The treating physician prescribed services for an arthroscopic debridement of the right wrist, pre-operative clearance CBC, PT, PTT, INR, Chem 7, UA, Chest X-Ray, EKG, history & physical and 12 post-operative occupational therapy visits now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Debridement of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure 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, from surgical intervention. In this case, there is no clear surgical lesion on MRI from 3/17/15 to warrant surgical care. Therefore, the request is not medically necessary.

Pre-Operative Clearance CBC, PT, PTT, INR, Chem 7, UA, Chest X-Ray, EKG and History & Physical: 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.

Post-Operative Occupational Therapy (12-visits): 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.