

Case Number:	CM14-0123685		
Date Assigned:	09/25/2014	Date of Injury:	12/31/2009
Decision Date:	10/27/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old left-handed male who injured his left arm on 12/31/09. He felt pain and burning when climbing a ladder. He now complains of shoulder, elbow and wrist pain. Exam from [REDACTED] dated 8/5/14 shows no pain with resisted long finger extension or with supination. Sensory exam is not documented. Pronator release is planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left pronator sx w/wrist synovectomy & median nerve: 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: According to ACOEM, Chapter 11, 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 "The request for pronator release is not medically necessary. The records do not document the results of a sensory exam. Pronator syndrome results in sensory

diminution in the median nerve distribution. Provocative examination for pronator syndrome (compression of median nerve in forearm, resisted pronation) is not documented. Nerve conduction testing does not identify median nerve compression in the forearm. The requested decompression is not medically necessary.

Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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: According to ACOEM, Chapter 11, 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 "The request for median nerve decompression in the forearm is not medically necessary. The records do not document the results of a sensory exam. Pronator syndrome with forearm median nerve compression results in sensory diminution in the median nerve distribution. Provocative examination for pronator syndrome (compression of median nerve in forearm, resisted pronation) is not documented. Nerve conduction testing does not identify median nerve compression in the forearm. Conservative treatment is not documented. The requested decompression is not medically necessary.

Post Op Physical Therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post surgical therapy guidelines .

Decision rationale: The requested decompression and pronator release are not medically necessary. Therefore, postoperative physical therapy is not needed.

Brace/Cylinder Cast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. 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: ACOEM Chapter 11 supports postoperative bracing following surgery. In this case, surgery is not approved and therefore testing is not required.

