

Case Number:	CM14-0128594		
Date Assigned:	08/18/2014	Date of Injury:	01/30/2014
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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:

Patient has a date of injury of January 30, 2014. The patient is a 52-year-old female. She has chronic wrist pain. MRI the right wrist from June 2014 revealed proximal lunate subchondral cyst and suspicion for old impaction fracture. There was no new cortical fracture dislocation ligament or tendon tear identified. The patient continues to have right wrist pain. On exam there is full range of motion of the wrist. The patient has tenderness palpation of the ulnar aspect of the wrist. Is unclear exactly how much occupational therapy the patient has had. At issue is whether wrist surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthroscopy w/triangular fibrocartilage debridement and ulner shortening osteotomy: 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, and Hand Chapter Triangular fibrocartilage complex (TFCC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hand chapter, ODG hand chapter

Decision rationale: This patient does not meet establish criteria for wrist surgery. Specifically, the medical records do not document adequate trials and failure of conservative measures for chronic wrist pain. In addition there is no instability documented on physical examination. The patient's MRI revealed an intact triangle fibrocartilage complex. Therefore requested for wrist arthroscopy with triangle fibrocartilage debridement an ulnar shortening osteotomy is not medically necessary. Criteria for wrist surgery not met. There is no clear correlation between imaging studies and stated diagnosis. In addition, there's no documentation of significant conservative measures.

Pre-op testing CBC, Chem, EKG,: 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 surgery is not medically necessary, then all other associated items are not needed.

Post-op short arm splint: 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 surgery is not medically necessary, then all other associated items are not needed.

Post-op short arm cast: 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 surgery is not medically necessary, then all other associated items are not needed.

Post-op OT 2 x 3: 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 surgery is not medically necessary, then all other associated items are not needed.

Pre-op appointment: 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 surgery is not medically necessary, then all other associated items are not needed.