

Case Number:	CM14-0143256		
Date Assigned:	09/10/2014	Date of Injury:	10/20/2011
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/04/2014

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 California. 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:

The claimant is a 45-year-old gentleman who injured his right wrist in a work related accident on 10/20/11. The report of an MRI scan dated 04/23/14 showed a split tear to the ECU with evidence of an underlying ganglion cyst. There was no documentation of further findings. A follow up report of 07/28/14 revealed continued complaints of wrist pain with examination showing positive Tinel's and Phalen's testing, swelling over the ulnar snuffbox, a somewhat positive Finkelstein's maneuver, and tenderness over the ulnar styloid and lunate interval. The report documented that, based on failed conservative care, the claimant would be a reasonable candidate for a right wrist arthroscopy with TFCC debridement and a concordant right endoscopic carpal tunnel release procedure. The medical records contained electrodiagnostic studies that showed mild carpal tunnel syndrome at the sensory fibers of a nondiagnostic nature with the formal test being read as "normal."

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthroscopy triangular fibrocartilage complex debridement Qty# 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC

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

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for right wrist arthroscopy for the purpose of TFCC debridement would not be indicated. While the claimant is documented to have continued complaints of wrist pain, the imaging fails to demonstrate evidence of a TFCC injury for which surgery or arthroscopy would be necessary. There is no correlation between the examination findings and imaging and current surgical request, to support the surgical recommendation.

Right endoscopic carpal tunnel release Qty#1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

Decision rationale: California MTUS ACOEM Guidelines do not support the request for a carpal tunnel release. The claimant's electrodiagnostic studies for review were noted to be "normal" and nondiagnostic for acute carpal tunnel syndrome. ACOEM Guidelines recommend that carpal tunnel syndrome must be proven by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. While the claimant continues to have positive examination findings, a lack of supporting findings on electrodiagnostic studies would fail to satisfy the ACOEM Guideline criteria.

Outpatient Surgery Center Qty# 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004); Forearm, Wrist and Hand: Chapter: 11 Page 270.

Decision rationale: The proposed surgery for the right wrist is not recommended as medically necessary. Therefore, the request for surgery at an "outpatient surgery center" is also not recommended as medically necessary.

Surgical Assistant Qty# 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: assistant surgeon

Decision rationale: The proposed surgery for the right wrist is not recommended as medically necessary. Therefore, the request for an assistant surgeon is also not recommended as medically necessary.

Post operative physical therapy Qty# 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The proposed surgery for the right wrist is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not recommended as medically necessary.