

Case Number:	CM14-0166282		
Date Assigned:	10/13/2014	Date of Injury:	06/19/2014
Decision Date:	11/13/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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 58 year old female who notice increased swelling of her left wrist after performing her usual and customary duties at work on 07/19/14. The report of an MRI of the left wrist performed on 08/05/14, revealed degeneration and contusion at the triangular fibrocartilage complex and tendinosis of the extensor carpi ulnaris tendon with a strain to the scaphoid ligament. Moderate arthritis at the basilar joint of the thumb was also noted. Orthopedic followup on 08/27/14 described continued complaints of pain in the wrist, despite recent conservative care. Physical examination showed a positive Watson's test, tenderness over the distal radioulnar joint, restricted range of motion at end points and pain over the left thumb basal joint, exacerbated by axial compression. Based on the claimant's ongoing complaints of pain, the recommendation was made for a diagnostic left wrist arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist, Hand procedure: Diagnostic arthroscopy

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the proposed diagnostic wrist arthroscopy would not be indicated. The ACOEM Guidelines support the need for operative intervention of the wrist based on failure to respond to conservative care and the presence of clear clinical evidence of special studies showing a lesion that would benefit in the short and long term from surgery. Looking at the Official Disability Guidelines, diagnostic arthroscopy is indicated if symptoms continue to persist despite inconclusive imaging after 12 weeks of conservative measures. The clinical records for review in this case indicate a documented date of injury of 07/19/14 with the request for surgery made at five weeks following injury on 08/27/14 with no formal documentation of conservative care noted. The claimant's MRI scan failed to demonstrate any evidence of acute surgical pathology. Without documentation of a 12 week course of conservative measures focused on rehabilitation of the wrist, the request for wrist arthroscopy is not medically necessary.

Pre-operative physical exam: Upheld

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

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.

Preoperative laboratory works (basic chem/metabolic panel, complete blood count): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The proposed left wrist arthroscopy is not recommended as medically necessary. Therefore, the request for preoperative testing cannot be considered medically necessary.

1 Electrocardiogram: 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)

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.