

<b>Case Number:</b>	CM14-0159642		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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:

30-year-old male with reported industrial injury of 6/12/13. Exam note from 7/9/14 demonstrates claimant with reported left wrist pain. Injections are noted to the wrist on 11/8/13, 1/24/14 of the left 6th dorsal wrist compartment. Complaint is made of ongoing pain to the ulnar aspect of the left wrist and radial aspect of the left wrist in the 1st dorsal compartment. Pain is noted with left lunotriquetral shuck test and positive Finkelstein with snapping of the extensor carpi ulnaris across the dorsal aspect of the distal ulna. MRI of the left wrist 6/20/14 demonstrates healed distal radius fracture with tear of membranous portion of the left lunotriquetral ligament and medial subluxation of the left extensor carpi ulnaris.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reconstruction of the extensor retinacular ligament fo the left sixth dorsal compartment using the central one third of the extensor retinaculum of the second, third, and fourth dorsal compartments.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270, 271.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the ACOEM Practice Guidelines, referrals 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 7/9/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. The MRI from 6/20/14 does not demonstrate a clear surgical lesion to warrant reconstruction of the extensor retinacular ligament. Therefore, the request is not medically necessary.

**Release of the left first dorsal compartment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 270,271.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines states that DeQuervains tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case, the exam note from 7/9/14 does not demonstrate evidence of severe symptoms or failed conservative management. Therefore, the request is not medically necessary.

**Lunotriquetral intercarpal arthrodesis, using bone autograft harvested from the left radial metaphysis of the wrist, including use of cadaver allograft to fill the donor site it needed, at the radial metaphysis:** 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) and Wheeler's Textbook of Orthopedics

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

**Decision rationale:** According to the ACOEM Practice Guidelines, referrals 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely

outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 7/9/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. The MRI from 6/20/14 does not demonstrate a clear surgical lesion or instability of the lunotriquetral ligament or complex to warrant an arthrodesis. Therefore, the request is not medically necessary.

**Denervation of the left dorsal central wrist with excision of the left posterior interosseous nerve:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the ACOEM Practice Guidelines, referrals 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 7/9/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. There is no evidence of any neurologic dysfunction to warrant denervation. Therefore, the request is not medically necessary.

**Denervation of the dorsal central wrist with excision of the left anterior interosseous nerve:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the ACOEM Practice Guidelines, referrals 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely

outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 7/9/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. There is no evidence of any neurologic dysfunction to warrant denervation. Therefore, the request is not medically necessary.

**Use of fluoroscopy:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Arthroscopic exam of the left wrist, and debridement of loose bodies as indentified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the ACOEM Practice Guidelines, referrals 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case, the exam note from 7/9/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. There is no evidence of any loose bodies in the wrist to warrant arthroscopy. Therefore, the request is not medically necessary.

**PA assistant:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Facility: Regional Hand Center of Central California:** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**Post-op therapy (hand therapy 2 x 4):** 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:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.