

Case Number:	CM14-0215799		
Date Assigned:	01/05/2015	Date of Injury:	05/11/2014
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

According to the records made available for review, the injured worker is a 29 year-old female with a date of injury of 05/11/2014. The results of the injury include right wrist pain. Diagnoses include right wrist tendonitis and right lateral epicondylitis. Diagnostic studies have included a MRI arthrogram of the right wrist, dated 10/22/2014, which showed normal MRI arthrogram of the right wrist. The EMG/NCS of the upper extremities, dated 09/02/2014, revealed benign appearing EMG/NCS of the upper extremities. Treatments have included medications, activity modification, physical therapy, bracing. Medications have included anti-inflammatory agents. A progress note from the treating physician, dated 11/25/2014, documented a follow-up examination of the injured worker. The injured worker reported right wrist pain, with symptoms aggravated with the workload and repetitive motion. The injured worker reported minimal relief with cortisone injection and the physical therapy to have aggravated the symptoms. Objective findings include a decreased right hand grip strength; fungal rash on the volar and dorsal aspect of the right wrist and on the right calf; tenderness over the scapholunate interval; and mild tenderness over the lunotriquetral interval of the right wrist. Work status is noted as modified work duties with restrictions including no forceful or repetitive pushing/pulling/grasping with the right hand, and no lifting/pulling/pushing over 10 pounds. The plan of treatment includes scheduling surgery for a right wrist arthroscopy with synovectomy along with scapholunate and possible lunotriquetral stabilization and pinning. Request is being made for Surgery Right Wrist Arthroscopy with Synovectomy along with Scapholunate and Possible Lunotriquetral Stabilization and Pinning, Right Wrist. On, 12/16/2014, Utilization Review non-certified a

prescription for Surgery Right Wrist Arthroscopy with Synovectomy along with Scapholunate and Possible Lunotriquetral Stabilization and Pinning, Right Wrist. Utilization Review non-certified a prescription for Surgery Right Wrist Arthroscopy with Synovectomy along with Scapholunate and Possible Lunotriquetral Stabilization and Pinning, Right Wrist based on the lack of clear clinical and imaging evidence of a lesion. The Utilization Review cited the CA MTUS, the ACOEM (Second Edition): Chapter 11, page 639. Application for independent medical review was made on 12/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthroscopy with synovectomy along with scapholunate and possible lunotriquetral stabilization and pinning: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 639.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, 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 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 is 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 11/25/14 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore the determination is for non-certification.