

Case Number:	CM15-0003208		
Date Assigned:	01/14/2015	Date of Injury:	07/19/2011
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: Minnesota, Florida
 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:

The injured worker is a 45 year old female, who sustained an industrial injury on July 19, 2011. She has reported neck and wrist pain. The diagnoses have included cervical disc protrusion and carpal tunnel release. Currently, the IW complains of left lower arm and wrist pain since carpal tunnel release April 19, 2014. She has had physical therapy and oral medications. On December 12, 2014 utilization review non-certified a request for arthrography left wrist and arthroscopy of left wrist for damage Triangular Fibrocartilage Complex, noting the lack of imaging and non-operative treatment failure. The Official Disability Guidelines (ODG) was utilized in the determination. Application for independent medical review (IMR) is dated December 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrography Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Forearm, wrist, and hand, Topic: Arthrography, MRI

Decision rationale: The injured worker underwent a carpal tunnel release of the left hand on 4/29/2014. Electro diagnostic studies are not provided. A subsequent note of 8/7/2014 indicates an uneventful recovery from the median nerve release. She was complaining of neck pain with left arm weakness. She was tender from C2-C7. No neurologic deficit was documented. EMG and nerve conduction studies of both upper extremities were requested and she was placed on Ultram and Naprosyn. A subsequent progress note of 10/2/2014 indicates a major aggravation of pain deep in the carpal tunnel radiating to the distal radioulnar joint. There was tenderness on the volar aspect of the left wrist and dorsal aspect as well. An MRI scan of the left hand was requested. A follow-up exam of 12/4/2014 indicates persisting pain over the distal radioulnar joint. Arthrography of the left wrist and arthroscopy of the left wrist were requested. Radiology reports pertaining to any prior studies are not submitted. The date of injury was 7/19/2011. ODG guidelines indicate necessity for MRI imaging in acute hand or wrist trauma if radiographs are normal and confirmation or exclusion of a fracture is required, for chronic wrist pain if x-rays are normal and a soft tissue tumor is suspected and if x-rays are normal and Kienbock's disease is suspected. The radiology report pertaining to x-rays is not submitted and therefore the guideline criteria cannot be applied. The request for MR Arthrography is not supported and the medical necessity is not established.

Arthroscopy Left Wrist for Damage TFCC: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Forearm, wrist, and hand, Topic: Diagnostic Arthroscopy, triangular fibrocartilage complex reconstruction.

Decision rationale: Diagnostic arthroscopy of the wrist is recommended as an option if there are negative results on imaging but symptoms continue after 4-12 weeks of conservative treatment. The documentation available does not include radiology reports and the results of x-rays or other imaging studies are not known. As far as damage to the TFCC, the diagnosis is not established. Documentation indicates the pain started after the carpal tunnel release and the pain source is not known. There is no indication of conservative treatment with trial/ failure. As such, the request for arthroscopy for TFCC damage is not supported and the medical necessity is not established.