

Case Number:	CM15-0003354		
Date Assigned:	01/13/2015	Date of Injury:	07/25/2014
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who reported an injury on 07/25/2014. The injured worker reportedly struck his elbow on a lateral rack, causing a twisting injury to the right wrist. The current diagnosis is TFCC tear of the right wrist. The injured worker presented on 11/20/2014 with complaints of persistent pain. Previous conservative treatment includes a corticosteroid injection, medication management, and occupational therapy. Upon examination, there was tenderness at the right TFCC region with diminished grip strength. Recommendations included surgical intervention. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscanner: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7737880> Health devices. Fluoroscanner mini C-arm unit

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Last Updated: 06/17/2014. www.fda.gov. U.S. Food and Drug Administration. Fluoroscopy. Fluoroscopy is used in a wide variety of examinations and procedures to diagnose or treat patients. Some examples are: Barium X-rays and enemas (to view the gastrointestinal tract). Catheter insertion and manipulation (to direct the movement of a catheter through blood vessels, bile ducts or the urinary system). Placement of devices within the body, such as stents (to open narrowed or blocked blood vessels). -Angiograms (to visualize blood vessels and organs). Orthopedic surgery (to guide joint replacements and treatment of fractures).

Decision rationale: Fluoroscopy has been FDA approved for orthopedic surgeries to guide joint replacements and treatments of fractures. In this case, the injured worker does not currently meet criteria for the use of a fluoroscan during the TFCC repair. As such, the request is not medically appropriate.

Post-operative occupational therapy, 12 visits, right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Page 10 and 22.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following arthroscopic TFCC repair includes 10 visits over 10 weeks. The current request would exceed guideline recommendations. As such, the request is not medically appropriate.