MAXIMUS Federal Services

Case Number:	CM15-0011670		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2013
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male who reported an injury on 09/10/2013. The mechanism of injury was the injured worker was lifting a steel cover to an industrial filter which is used to decrease dust and debris from blowing out from the items on the conveyor belt. The injured worker was being raised on a forklift so he could start lowering the steel cover, but one of the chains broke and one side of the heavy conveyor struck the injured worker's left wrist forcefully. The injured worker underwent a left wrist arthroscopy, extensor tenolysis to fifth dorsal compartment and was status post PRC, and open reduction internal fixation of distal radius styloid process and open TFCC on 01/29/2014. The injured worker underwent nerve conduction studies on 11/20/2014 which revealed the presence of mild to moderate primary sensory and motor demyelinating left carpal tunnel syndrome suggestive of a sensory left ulnar neuropathy at the wrist level consistent with mild canal Guyon entrapment. With normal normal electromyography of the bilateral upper extremities. The MRI of the left wrist without contrast on 07/26/2014 revealed no tenosynovitis of the flexor compartment tendons in the carpal tunnel. The cross sectional diameter of the median nerve at the level of the distal radius and pisiform were similar. There was no encroached signal at the median nerve. At the Guyon canal, there was no extrinsic compression on the ulnar nerve in its course through the Guyon's canal. There was thickening and edema of the dorsal aspect of the left wrist joint capsule which may indicate capsulitis and there was extensive bone marrow edema in the left distal radias, capitate and hamate which may be post-traumatic in nature. There was severe joint space narrowing between the lunate fossa of the left distal radius and the capitate and there were either erosive changes

involving the proximal radial aspect of the capitate or there had been a partial resection of the capitate. There was left extensor carpi ulnaris tendinosis. The documentation of 12/10/2014 revealed the injured worker's diagnoses included status post left hand/wrist/forearm blunt trauma crush injury, left distal radius complex fracture, left wrist complex fracture multiple, left ulnar neuropathy, left median neuropathy, left 5 finger flexion contracture with intrinsic tightness development, status post left wrist arthroscopy, extensor tenolysis second, third, fourth, fifth dorsal compartments, intraoperative fluoroscopy, PRC, ORIF distal radius styloid process and open repair TFCC 01/29/2014. The request was made for a neuroplasty median of carpal tunnel, wrist flexor tenosynovectomy, advancement tissue rearrangement hand, neuroplasty of hand, neuroplasty ulnar nerve at wrist Guyon's canal, injection anesthetic peripheral nerve BR and application of a short arm splint. The physical examination revealed the injured worker had a positive median nerve compression test and Tinel's. There was decreased light touch sensation in the median nerve distribution and decreased light touch sensation over the nerve distribution with Tinel's sign positive Guyon's canal. The physician discussion documented that the injured worker had met the recommendation for an ulnar nerve decompression Guyon's canal surgery. Symptoms included the pain was present every day and there was numbness in the hands and fingers mostly in the ulnar innervated fingers. There was intermittent dexterity difficulties including gripping and opening up the fingers for grasping. The injured worker had nocturnal symptoms and was unable to put fingers together while in extension. The injured worker was losing tissue in the hand between the thumb and index finger and on the back side of the hand. The injured worker had a positive ulnar compression test and Tinel's positive at the wrist line with the ulnar nerve with decreased 2 point discrimination and mild thenar, hypothenar, and dorsal hand intrinsic muscle atrophy and weakness. There were no comorbidities or confounding conditions generating peripheral neuropathies known for the injured worker. The conservative care included activity modification without success, night wrist splint with temporary and partial relief, nonprescription analgesia tried without success, home exercise training, and the injured worker was noted to have a positive electrodiagnostic testing. The physician further documented there was a failure of conservative methods for the treatment of ulnar neuropathy, Guyon's canal, and the request was made for a release for the ulnar nerve at Guyon's canal. The physician documented, in relation to the carpal tunnel release, the symptoms included the injured worker had pain present every day, numbness to the hand and fingers mostly in the median innervated fingers, paresthesias present intermittently every day, impaired dexterity including difficulty with pinching and dropping objects, nocturnal signs, Flick sign, median nerve compression and Phalen's test with wrist and active palmar flexion, reverse Phalen's test, Tinel's sign at the wrist, decreased 2 point discrimination and mild thenar weakness. There were no comorbidities. The preoperative treatment that had been trialed was activity modification without success, night wrist splint with temporary and partial relief no longer, nonprescription analgesia tried without success, home exercise training, successful initial outcome from corticosteroid injection trial, positive response partial lasting a very short period of time with return of all signs and symptoms same as before cortisone injection and positive electrodiagnostic testing. The diagnoses included left carpal tunnel syndrome, left wrist flexor tenosynovitis and left wrist ulnar neuropathy at Guyon's canal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wound Care Cream: 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) (19th annual edition) & (12th annual edition,) , 2014, Chapter Forearm, wrist, and hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Wound Dressings.

Decision rationale: The Official Disability Guidelines indicate the wound dressings are appropriate for chronic wounds. The clinical documentation submitted for review failed to provide a rationale for the requested Wound Care Cream. Additionally, there was a lack of documentation indicating the frequency and the body part to be treated. There was a lack of documentation indicating the quantity and the specific wound care cream being requested. Given the above and the lack of documentation, the request for Wound Care Cream is not medically necessary.