

Case Number:	CM15-0012687		
Date Assigned:	01/30/2015	Date of Injury:	09/30/2013
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/22/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 61-year-old male who reported an injury on 09/30/2013 due to an unspecified mechanism of injury. On 01/09/2015, he presented for a followup evaluation regarding his work related injury. Objective findings showed tenderness and muscle spasms with decreased range of motion to the lumbar spine and tenderness and decreased range of motion to the right wrist. He was diagnosed with right wrist sprain, lumbar sprain, and bilateral lower extremity radiculopathy. It should be noted that the document provided was handwritten and illegible. A request was made for a right wrist arthroscopy and associated surgical services. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the right wrist, both routine PA and PA grip views: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right wrist arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 11/13/14) Diagnostic arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: According to the California ACOEM Guidelines, surgical consultation may be indicated for those who have red flags of a serious nature; have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention; and for those who fail to respond to conservative treatment. The documentation provided states that the injured worker has decreased range of motion and tenderness to the right wrist. However, there is a lack of documentation showing that he has any significant functional deficits or imaging and/or clinical evidence of a lesion that requires surgical intervention. Also, there is a lack of evidence showing that he has tried and failed all recommended conservative therapy options, such as injections, worksite modifications, and medications and physical therapy to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Lab work: General Health Panel: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest X-ray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Initial postoperative physical therapy right wrist QTY: 18: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.