

<b>Case Number:</b>	CM15-0016692		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 39 year old male, who sustained an industrial injury on March 14, 2003. The diagnoses have included bilateral dorsal wrist syndrome (peri-scaphoid synovitis), bilateral forearm flexor tenosynovitis, and bilateral carpal tunnel syndrome, well supported with nerve conduction studies with objective sensory change, and right cubital tunnel syndrome by examination, history and nerve conduction studies. Treatment to date has included bracing, splinting, stretching, ice and medications. Currently, the injured worker complains of bilateral wrist pain. The Treating Physician's report dated January 15, 2015, noted continued periscaphoid tenderness bilaterally, right worse than left, with decreased light touch sensation persisting in the right hand all digits and left hand thumb index tips. A full x-ray series was performed and noted to show no signs of intercarpal instability, intra-articular or intra-osseous pathology. On January 24, 2015, Utilization Review non-certified reconstruction of the wrist JT for carpal noting there lacked documentation of failure of conservative treatment measures and lack of evidence based guidelines to support the procedure. The MTUS American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines (ODG) were cited. On January 29, 2015, the injured worker submitted an application for IMR for review of reconstruction of the wrist JT for carpal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 reconstruction wrist JT for carpal: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG Indications for Surgery- Carpal Tunnel Release

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Arthroscopic Treatment of Dorsal Wrist Syndrome (DWS) (SS-51) Arthroscopy: The Journal of Arthroscopic and Related Surgery. Srinivasan, Ramesh, M.D.; Wysocki, Robert, M.D.; Jain, Deeptee, B.A.? Show all. Published June 1, 2013. Volume 29, Issue 6, Supplement. Pages e25-e25. 1/2 2013

**Decision rationale:** The patient is a 37 year old who was certified for right carpal tunnel release and right elbow release. He was noted to have right wrist pain and stated diagnosis of right dorsal wrist syndrome (peri-scaphoid synovitis). Radiographic studies demonstrated no signs of intercarpal instability, intra-articular or intra-osseous pathology. Conservative management that was documented included bracing, activity modification and medical management. There was not documentation of a steroid injection. As stated from the reference above, 'Very little peer reviewed evidence is available describing dorsal wrist syndrome (DWS). With this cohort of patients we define the clinical presentation, arthroscopic anatomy, and management of this previously ill-defined pathologic state.' Thus, without a clearly defined condition supported by peer-reviewed documentation for surgical intervention, a full course of conservative management is indicated. This would include a steroid injection. After this, consideration could be given for an arthroscopic evaluation. In addition, it is unclear from the medical documentation, the exact surgical treatment that is being considered. From ACOEM, 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. Thus, in summary, right wrist reconstruction should not be considered medically necessary based on the lack of complete conservative management and lack of a clear surgical indication.