

Case Number:	CM15-0118033		
Date Assigned:	07/01/2015	Date of Injury:	03/04/2014
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, Oregon
 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 37 year old female/male, who sustained an industrial injury on 3/4/14. She has reported initial complaints of right upper extremity injury. The diagnoses have included right wrist joint pain, right ulnar nerve entrapment at the elbow and aftercare for nervous system surgery. Treatment to date has included medications, activity modifications, off work, surgery, dressings, splinting, physical therapy and other modalities. Currently, as per the physician progress note dated 1/7/15, the injured worker complains of right wrist joint pain. The objective findings reveal blood pressure 135/86, pulse 88, height 5 feet 6 inches and weight of 140 pounds. There are no other physical findings noted. The current medications included Ibuprofen and Tramadol. The diagnostic testing that was performed included Magnetic Resonance Arthrogram (MRA) of the right wrist, which is noted to reveal a right wrist tear. The report was not noted in the records. The physician requested treatment included Right Wrist Exploratory Surgery due to chronic right wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Exploratory Surgery: 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), Forearm, Wrist and Hand.

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

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and 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. In this case, the second opinion hand surgeon did not feel that surgery would be of clear benefit. There is insufficient evidence in the note of 1/7/15 to demonstrate the difference in the opinion of efficacy. Based on this the request is not medically necessary.