

Case Number:	CM15-0122990		
Date Assigned:	07/07/2015	Date of Injury:	08/01/2013
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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, Hand 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:

This 58 year old female sustained an industrial injury on 8/01/13. She subsequently reported neck and bilateral shoulder, elbow and wrist pain. Diagnoses include discogenic cervical condition, bilateral ulnar neuritis, right medial and lateral epicondylitis and bilateral carpal tunnel syndrome. Treatments to date include MRI testing, injections, TENS treatment, physical therapy and prescription medications. The injured worker continues to experience neck, bilateral elbow, wrist, and thumb pain. Upon examination, there is tenderness across cervical paraspinal muscles, trapezius and shoulder girdle as well as facet joint tenderness. Tenderness along the epicondylar surfaces of the wrist joint and base of the thumb as well as carpal tunnel areas. Tenderness along the ulnar nerve bilaterally was noted. A request for Right Wrist Arthroscopy with Possible TFCC Repair, Associated Surgical Service: Pre-op Clearance, Associated Surgical Service: Polar Care 21 day rental and Associated Surgical Service: sling was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Arthroscopy with Possible TFCC (triangular cartilage complex) Repair:
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)-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greens' Operative Hand Surgery, 6th ed., Chapter 19, Wrist Arthroscopy.

Decision rationale: This is a request for wrist arthroscopy which is beyond the scope of the California MTUS, but described in detail in the specialty text referenced. Records provided documenting diffuse symptoms in the neck, low back and throughout both upper extremities which are not consistent with symptoms arising from TFC tearing and would not be improved by the proposed surgery. There is no reasonable expectation of substantial functional improvement following surgery such as return to work to justify the additional pain and risk of complications. Therefore, the proposed surgery is determined to be not medically necessary and appropriate.

Pre-op Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Noncardiac Surgery: Guidelines and Recommendations, MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota Am Fam Physician. 2013 Mar 15; 87(6): 414-418.

Decision rationale: An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation. Therefore, the request is determined to be not medically necessary and appropriate.

Associated Surgical Service: Polar Care 21 day rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Shoulder Elbow Surg. 2015 Mar 27. pii: S1058-2746(15)00077-4. doi: .1016/j.jse.2015.02.004. [Epub ahead of print] Compressive cryotherapy versus ice-a prospective, randomized study on postoperative pain in patients undergoing arthroscopic rotator cuff repair or subacromial decompression. Kraeutler MJ1, Reynolds KA2, Long C2, McCarty EC2.

Decision rationale: This is a request for a commercial cold therapy unit following wrist arthroscopy. A search of the National Library of Medicine's PubMed database revealed no scientific evidence to support the use of such a device following wrist arthroscopy. Studies in other clinical settings such as the one referenced above in patients following shoulder surgery have shown no benefit to such units compared to cooling with readily available methods such as a bag of ice. Therefore, the request is determined to be not medically necessary and appropriate.

Associated Surgical Service: Sling: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed., Chapter 19, Wrist Arthroscopy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.