

Case Number:	CM15-0125099		
Date Assigned:	07/10/2015	Date of Injury:	08/27/2011
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Illinois, California, Texas
 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:

This injured worker is a 47-year-old female who sustained an industrial injury on 8/27/11, relative to a slip and fall. Past medical history was positive for hypertension. Past surgical history was positive for bilateral carpal tunnel releases in 2012. Conservative treatment included medications, physical therapy, stretching, bracing, TENS unit, and activity modification. The 1/16/15 right wrist MRI documented a radial tear along the triangular fibrocartilage complex (TFCC) ligament tear, and some osteoarthritis along the scaphotrapeziod joint and articular cartilage of the radius adjacent to the TFCC ligament. The 2/11/15 orthopedic report cited persistent right wrist and shoulder pain. The MRI of the wrist showed a mild tear along the TFCC, consistent with exam. She also had pain along the ulnar collateral ligament (UCL). Physical exam documented tenderness along the right wrist UCL and TFCC with some mild laxity along the extensor carpi ulnaris, not no tenderness. Treatment options were discussed including injection and surgery for the TFCC tear. The 6/10/15 orthopedic report outlined conservative treatment failure to date. She had persistent right wrist pain and severe limitation in activities of daily living. She had a bad experience with prior carpal tunnel syndrome injections and did not want a wrist injection. Authorization was requested for right wrist arthroscopy and debridement, pre-op medical clearance, Polar care 21-day rental, and sling. The 6/19/15 utilization review non-certified the right wrist arthroscopy and debridement as there was no evidence of 3-6 months of continuous conservative treatment for this condition, injection response was not documented, and there was no imaging or x-rays records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthroscopy and debridement: Overturned

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 based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 11 Hand, Wrist and Forearm Disorders (Update 2009), page(s) 80-81.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail 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. The ACOEM guidelines state that surgical repair of subacute or chronic triangular fibrocartilage complex tears is recommended for patients with instability, concomitant fractures or symptoms that persist without trending towards resolution despite non-operative treatment for 3 to 6 weeks. Guideline criteria have been met. This injured worker presents with persistent right wrist pain with significant functional loss. Clinical exam findings are consistent with imaging evidence of a triangular fibrocartilage complex tear. Detailed evidence of recent, reasonable and/or comprehensive non-operative treatment and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical services: Pre-op medical clearance: Overturned

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females with hypertension have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, plausible long-term use of non-steroidal anti-inflammatory drugs, and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical services: Polar care 21 day rental: 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): 264.

Decision rationale: The California MTUS is silent regarding cold therapy units, but support the use of standard cold packs for patients with wrist/hand complaints. The Official Disability Guidelines recommend cold packs for wrist and hand complaints, and state that continuous cold therapy is an option for up to 7 days in the post-operative setting following carpal tunnel release. There is no compelling rationale presented to support the medical necessity of a cold therapy unit over standard cold packs following the planned wrist arthroscopy. Additionally, guidelines limit the use of a cold therapy unit to 7 days when supported. Therefore, this request is not medically necessary.

Associated surgical services: Sling: Overturned

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): 264, 272.

Decision rationale: The California MTUS recommends rest and immobilization to limit motion that causes pain. Prolonged post-operative immobilization is not recommended. Guideline criteria have been met. Short-term use of a sling in the post-operative period for pain management is reasonable. Therefore, this request is medically necessary.