

Case Number:	CM15-0126188		
Date Assigned:	07/14/2015	Date of Injury:	10/23/2013
Decision Date:	09/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/30/2015

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:

This is a 38 year old male with an October 23, 2013 date of injury. A progress note dated May 14, 2015 documents subjective complaints (left wrist pain), objective findings (areas of maximal tenderness over the radiocarpal and ulnocarpal joints, as well as over the first dorsal compartment with positive Finkelstein's), and current diagnoses (de Quervain's tenosynovitis). Treatments to date have included magnetic resonance imaging of the left wrist that showed degenerative ulnar-sided triangular fibrocartilage tear and degenerative tearing of the scapholunate ligament, transcutaneous electrical nerve stimulator unit, electromyogram/nerve conduction velocity of the upper extremities that showed evidence of cervical radiculopathy on the left side, splinting, and work restrictions. The treating physician documented a plan of care that included wrist arthroscopy with debridement of the triangular fibrocartilage tear and the scapholunate ligament, revision De Quervain's release and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist arthroscopy with debridement of the TFCC tear and the scapholunate ligament, revision De Quervains release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Forearm, Wrist, Hand Chapter.

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 there is no clear surgical lesion on MRI to warrant surgical care. Therefore the request is not medically necessary.

Associated surgical service: Comprehensive history and physical: 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.

Associated surgical service: Percocet 5/325mg #30: 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.

Postoperative physical therapy 2 times a week for 6 weeks: 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.

Associated surgical service: Relafen 750mg #60: 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.