

Case Number:	CM15-0027034		
Date Assigned:	02/19/2015	Date of Injury:	01/11/2011
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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:

The injured worker is a 33-year-old female who sustained an industrial injury on 1/11/11. Injury occurred when he fell and landed on her left outstretched hand. She sustained a scaphoid wrist fracture, with persistent wrist pain. The 10/4/13 left wrist MRI documented a healing wrist fracture and tearing of the scapholunate ligaments with borderline increased dorsal tilt of the lunate. There was a small central tear of the triangular fibrocartilage complex, with a degenerative appearance. The 10/03/14 electrodiagnostic study documented evidence of mild to moderate carpal tunnel syndrome. Conservative treatment included activity modification and occupational therapy. The 12/16/14 treating physician report cited continued wrist pain, particularly with wrist flexion activities and pinch grip. There was pain over the radial side of wrist with mild numbness and tingling in the index and long fingers. Physical exam documented decreased sensation in the median nerve distribution, pain on palpation of the snuffbox, and mild pain on wrist flexion. There was no pain on ulnar deviation or load. There were negative carpal compression and Tinel's tests. The treatment plan requested outpatient anterior and posterior interosseous neurectomy (AIN/PIN) partial wrist denervation, left wrist. The diagnosis was wrist pain, scapholunate ligament tear. The treatment plan recommended left wrist arthroscopy with debridement, carpal tunnel release, and outpatient AIN/PIN partial wrist denervation. The 1/13/15 utilization review certified the request for left wrist arthroscopy with debridement and carpal tunnel release, and initial post-op therapy for 12 visits. Utilization review non-certified the request for outpatient AIN/PIN partial wrist denervation, left wrist, and cited was Non-MTUS

Guidelines. The rationale indicated that there were no diagnostic blocks to support the medical necessity of this denervation surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient AIN/PIN partial wrist denervation, left wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hofmeister EP, Moran SL, Shin AY. Anterior and posterior interosseous neurectomy for the treatment of chronic dynamic instability of the wrist. *Hand (N Y)*. 2006 Dec;1(2):63-70. doi: 10.1007/s11552-006-9003-5.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for this surgery. Peer reviewed literature indicated that AIN/PIN neurectomy may be an effective alternative to wrist salvage or reconstructive procedures within the first few years of follow-up. Literature reported that diagnostic injections were not predictive of final improvement of pain. This patient has been certified for left wrist arthroscopic surgery to address the chronic scapholunate and triangular fibrocartilage tears, and significant functional disability and pain. The addition of anterior and posterior interosseous neurectomy to address the chronic pain complaints is reasonable and consistent with current literature. Therefore, this request is medically necessary.