

Case Number:	CM15-0073715		
Date Assigned:	04/23/2015	Date of Injury:	03/22/2012
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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

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 March 22, 2012. Prior treatment includes physical therapy, home exercise program, medications, right carpal tunnel release, right de Quervain's release, right wrist arthroscopy and modified work activities. Currently the injured worker complains of right elbow, forearm and wrist pain. Diagnoses associated with the request right lateral epicondylitis, status post right carpal tunnel release and right wrist arthroscopy and possible ulnar nerve irritation at the elbow. The treatment plan includes modified work duties, wrapping of elbow at night, right ulnar osteotomy and right Nirschil procedure with post-operative physical therapy and medications. Exam note 1/27/15 demonstrates difficulty with the right elbow and ulnar wrist. Wrist exam demonstrates wrist extension strength which is normal. Tenderness is noted over the TFCC increasing with ulnar deviation and loading. MRI right wrist 1/16/13 demonstrates mild chronic wear of the TFCC.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Osteotomy, Right Nirschil procedure: 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 chapter.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 1/27/15 does not demonstrate any evidence of red flag condition or clear lesion shown to benefit from surgical intervention. Therefore the determination is for non-certification, not medically necessary.

Norco 10/325mg #45 with one additional refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 1/27/15. Therefore, the determination is for non-certification, not medically necessary.