

Case Number:	CM15-0078795		
Date Assigned:	04/30/2015	Date of Injury:	10/08/2014
Decision Date:	05/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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:

The injured worker is a 51 year old male, who sustained a twisting injury to his wrist on 10/8/2014. Evaluation has included multiple x-rays, CT scan, MRI and electrodiagnostic testing. The injured worker has seen 7 different providers; an April 1, 2015 orthopaedic consultant notes, He is not a surgical candidate at this time. He has been treated with activity modification, prolonged casting and splinting. The request is for arthrotomy of left wrist, debridement of left scaphoid and triquetrum, reconstruction with iliac crest bone graft, bone graft substitute, and internal medicine clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Arthrotomy Of Left Wrist, debridement of left scaphoid and triquetrum, reconstruction with illiac crest bone graft, bone graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation May 25, 2015 PubMed search revealed no evidence supporting debridement and grafting of multiple small carpal bone cysts.

Decision rationale: In this case, the injured worker sustained a sprain injury to his wrist on October 8, 2014. He has been poorly compliant with recommended treatment seeing multiple different physicians and failing to follow up with any particular physician which leads to disorganized care. An April 1, 2015 orthopedic surgery consultant notes that he was the seventh physician the patient had seen. X-rays were normal, but the injured worker was treated for a possible invisible or occult scaphoid fracture with casting. A January 15, 2015 thin slice CT scan confirmed there were no fractures; there was noted to be diffuse edema and probable small scattered cysts in the scaphoid, lunate, capitate and hamate. A February 26, 2015 MRI also confirmed no fracture or dislocation. The small cysts invisible on x-ray and MRI but noted on CT are an incidental finding unrelated to the reported October 8, 2014 accident. Surgical treatment of the cysts is not indicated. Attempted surgical removal of the cysts would damage the multiple carpal bones, causing more harm than good. The proposed treatment is never recommended and as such is not included in any treatment guidelines or supported by any scientific literature. The proposed surgery is not medically necessary and appropriate.

1 Internal Medicine Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, 1999 edition, Surgery: General Information and Ground Rules, pages 92-93.

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 not medically necessary.