

Case Number:	CM14-0143667		
Date Assigned:	09/12/2014	Date of Injury:	02/22/2013
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old female claimant with an industrial injury dated 02/22/13. The patient is status post right wrist carpal tunnel release of the median nerve on 01/10/14. MRI of the right wrist dated 07/03/14 revealed mild tenosynovitis of the extensor carpi ulnaris, mild tenosynovitis of the second extensor compartment tendons, early degenerative/arthritis changes affecting the third metacarpal base and the adjacent capitate, a tiny central tear/ perforation within the triangular fibrocartilage, and mild tenosynovitis of the extensor carpi ulnaris. Exam note 08/12/14 states the patient returns with pain in her radial wrist. The patient is status post right open carpal tunnel release, right extensor carpi ulnaris tenosynovitis, and right wrist TFCC tear. The patient is status post two cortisone injections with no improvement, and some improvement with therapy. Additional conservative treatments have included a brace and NSAIDS for the right wrist. Physical exam demonstrates the patient has tenderness over the extensor carpi ulnaris tendon and slight tenderness to mid dorsum wrist. In addition there is tenderness over the triangular fibrocartilage complex on either side of the extensor carpi ulnaris tendon in which is increased with ulnar deviation stress. The patient was diagnosed with right DeQuervain's tenosynovitis. Treatment includes a right wrist operative arthroscopy with extensive debridement of triangular fibrocartilage complex, open extensor carpi ulnaris tenosynovectomy, carpal tunnel scar revision, and DeQuervain's release.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Consultations and Pre-operative medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative consultation and clearance. Alternative guidelines were therefore referenced.<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 51 years old and does not have any evidence in the cited records from 8/12/14 of significant medical comorbidities to support a need for preoperative consultation and clearance. The request is not medically necessary and appropriate.