

Case Number:	CM13-0019635		
Date Assigned:	11/08/2013	Date of Injury:	12/07/2007
Decision Date:	10/21/2015	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 52-year-old female who sustained an industrial injury on 12-7-07. A review of the medical records indicates she is undergoing treatment for traumatic atrophy of the left wrist and hand and fracture of the left radius and ulna. Medical records (6-27-13 to 8-1-13) indicate ongoing complaints of headaches and continuous "severe" pain in the left shoulder, left wrist, and chest region. Her left shoulder pain and wrist were noted to radiate to the left arm. She rated the pain "9 out of 10". The physical exam revealed a well-healed surgical scar on the ulnar side of the left forearm and a "deformity of the distal radius that is palpable and tender to palpation involving her left forearm". Full range of motion was noted (6-28-13) of the left forearm, hand, and wrist. Diagnostic studies of the left arm have included x-rays, an MRI, and nerve conduction studies. Previous treatment has included pain medications and physical therapy (6-28-13). A functional capacity evaluation and orthopedic referral were requested on 6-28-13. The 8-1-13 PR-2 indicates "no change in left wrist pain". Diagnoses included traumatic arthropathy and fracture of radius and ulna. The report states "medication does not help: pending surgery". She was noted to be temporarily totally disabled. The utilization review (8-20-13) indicates the requested service as an arthrotomy of the left wrist with exploration of the TFCC and excision of the left distal ulna. The service was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrotomy of the left wrist with explora of the TFCC and excision of the left distal ulna:
Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Triangular Fibro cartilage complex reconstruction.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Ulnar Impaction Syndrome, discussion starts on page 544.

Decision rationale: This is a request for surgical removal of part of the ulnar bone. Records reviewed indicate very long-standing and widespread symptoms attributed to the cumulative effects of light work activities many years ago. January 20, 2009 surgery was performed for shortening of the ulnar bone with subsequent November 20, 2009 surgery for hardware removal. The proposed surgery is beyond the scope of the California MTUS, but discussed in the specialty text referenced. Only a minority of present symptoms could be attributed to ulnocarpal impaction or distal radioulnar joint arthrosis and repeat surgeries for the same symptoms have progressively diminishing success rates. There is an absence of records to support the request for a third surgery on the patient's wrist and no reasonable expectation such surgery would result in substantial functional improvement such as return to work. Therefore, the request is not medically necessary.