

Case Number:	CM13-0001631		
Date Assigned:	05/02/2014	Date of Injury:	06/20/2012
Decision Date:	06/09/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, 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:

The patient is a 62 year old male who was injured on 03/20/2012 while he was reaching over to the valve at the same time as he extended his right finger tips using an 18 pipe wrench, applying pressure to close the steam vault. The valve went in a swinging motion to the lift pulling his hand in his attempt to get the valve to loosen. The patient noticed immediate swelling in his right wrist. Prior treatment history has included Arthrotec 50 ml, Tramadol 50 mg, Celebrex 200 mg, Prednisone 20 mg, Flector patches. Diagnostic studies reviewed include an MRI of the right wrist dated 09/04/2013. The MRI revealed a 7.2 mm region of avascular necrosis seen along the ulnar articulation surface of the lunate, a 3.8 mm negative ulnar variance, a subchondral cyst formation within the capitate, radioulnar joint effusion, a large quantity of fluid is tracking along the extensor carpi radialis brevis and longus tendons and along the extensor carpi ulnaris tendons, consistent with pain extensor tenosynovitis, and fluid tracking along the flexor digitorum tendons, consistent with flexor digitorum tenosynovitis. An MRI of the right hand dated 09/04/2013 demonstrates an extension effusion and synovial proliferation with joint space loss of all five metacarpophalangeal joints with changes in the carpus and tenosynovitis of the flexor and extensor tendons, all strongly suggest autoimmune or metabolic condition including but not limited to rheumatoid arthritis or lupus. A PR2 dated 09/24/2013 indicates the patient has complaints of pain in the right hand, rated at 9/10; right wrist pain is 9/10. On exam, there is tenderness and loss of range of motion. The patient still has obvious and very visible swelling in the right hand and wrist. The patient is diagnosed with Kienbock's disease of the right ulna; subchondral cyst, right capitates, tenosynovitis pain, extensor right hand and tenosynovitis flexor digitorum, right hand. The treatment and plan includes a request for an initial quarterly lab to include metabolic, hepatic function, C-reactive protein, arthritis panel and CBC, request authorization for x-rays of the right wrist and hand as previously ordered, request again,

corticosteroid injections #3 for the right wrist and the patient is to return to full duty on 09/25/2013. A PR2 dated 08/14/2013 reports the patient complains of pain at a level of 8-9/10 with any fine manipulation or repetitive movements in the right wrist and hand. The only thing he takes to relieve his pain is Aleve daily every morning. On exam, there are no changes to exam findings when compared to previous examination performed on 07/02/2013. A medical report dated 07/02/2013 reported the patient complains of severe pain in his right wrist at 9/10 scale. He has constant pain radiating approximately to his middle and ring finger, associated with cramping, and burning sensation in his wrist and fingers. Limited range of motion while resting, gripping, grabbing, pressing, brushing teeth, typing, use of mouse and while he sleeps, he has increased pain in his right wrist. Objective findings on exam reveal right wrist swelling and edema of the right hand. Phalen's test is positive. Ulnar deviation is 22 degrees; radial deviation to 12 degrees; flexion 40 degrees; and extension 40. There is tenderness to the dorsum of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE RIGHT WRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: Kienbock Disease Workup Author: Brian J Divelbiss, MD; Chief Editor: Harris Gellman, MD <http://emedicine.medscape.com/article/1241882-workup>.

Decision rationale: According to the Medscape reference, "Kienbock Disease Workup", imaging studies are recommended for staging and treatment of Kienbock disease. Lichtman's modification of Stahl's classification is most widely used and divides the disease into 5 stages. Plain films must also be examined to determine the amount of ulnar variance present. This will directly impact the choice of operative technique. A true posteroanterior view of the wrist is necessary to adequately determine ulnar variance. The medical records document the patient was diagnosed with Kienbock disease right wrist per MRI. As the staging of Kienbock disease by plain radiography is an important element in the workup and management of this condition, the request is medically necessary and appropriate.

X-RAY OF THE RIGHT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the ACOEM guidelines, radiography is recommended in cases of infection to detect the lytic lesions. According to the ODG, inflammatory arthritis, high-resolution in-office MRI with an average follow-up of 8 months detects changes in bony disease better than radiography, which is insensitive for detecting changes in bone erosions. The medical records document the patient was diagnosed with Kienbock disease of the right wrist per a prior MRI. In the presence of a prior MRI study of the right hand; the request is not medically necessary at this time.

3 CORTICOSTEROID INJECTIONS TO THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272.

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: Kienbock's Disease: Treatment AAOS American Academy of Orthopedic Surgeons: <http://orthoinfo.aaos.org/topic.cfm?topic=a00017>, and PubMed.gov, <http://www.ncbi.nlm.nih.gov/pubmed/23218632>.

Decision rationale: According to the AAOS, Kienbock's Disease "Treatment" has not mentioned corticosteroid as a modality of conservative treatment. According to the PubMed.gov, Corticosteroids pose a theoretical risk to patients with diabetes mellitus by potentially raising blood glucose to hyperglycemic levels. The medical records document the patient was diagnosed with Kienbock disease. The patient is known with DM. The medical records provided for review indicate the patient possibly received 2 corticosteroid injections in the past. In the absence of documentation of the outcome of prior injections, and as there is no strong support from the medical literature for using this modality of treatment to treat Kienbock disease; the request is not medically necessary and appropriate.