

<b>Case Number:</b>	CM13-0008474		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Shoulder and Elbow Surgery, and is licensed to practice in Utah and 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 physician 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 31-year-old male who reported an injury on 08/31/2012. The patient is currently diagnosed as status post right wrist fusion and status post surgery on 10/23/2013. The patient was seen by provider on 09/23/2013. The patient reported severe pain over the right wrist secondary to persistent Kienbock's disease. Physical examination revealed exquisite focal tenderness across the entire right wrist with minimal range of motion. The treatment recommendations included continuation of current medication and an authorization request for a right proximal row carpectomy and radial styloidectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right proximal row corpectomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 27-271.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate that referral for hand surgeon consultation may be indicated for patients who have red flags of a serious nature,

failed to respond to conservative management including work site modifications, or have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical intervention. As per the clinical notes submitted for review, the patient had been previously denied additional surgery to the right wrist. The patient's physical examination reveals tenderness to palpation with diminished range of motion. While the patient does demonstrate positive objective findings of Kienbock's disease which is a positive clinical indication for the requested surgery, the patient continues to take high doses of narcotic medication from more than 1 provider. A previous peer review was conducted regarding this specific surgical intervention, and a psychiatric referral for drug detox and clearance for additional surgery was recommended. It is noted the patient continues to run out of pain medication indicating that he is non-compliant with prescription narcotics. Pending a psychological referral and appropriate surgical clearance, the current request cannot be determined as medically appropriate. As such, the request is non-certified

**Right proximal radial styloidectomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 27-271.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines indicate that referral for hand surgeon consultation may be indicated for patients who have red flags of a serious nature, failed to respond to conservative management including work site modifications, or have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short-term and long-term from surgical intervention. As per the clinical notes submitted for review, the patient had been previously denied additional surgery to the right wrist. The patient's physical examination reveals tenderness to palpation with diminished range of motion. While the patient does demonstrate positive objective findings of Kienbock's disease which is a positive clinical indication for the requested surgery, the patient continues to take high doses of narcotic medication from more than 1 provider. A previous peer review was conducted regarding this specific surgical intervention, and a psychiatric referral for drug detox and clearance for additional surgery was recommended. It is noted the patient continues to run out of pain medication indicating that he is non-compliant with prescription narcotics. Pending a psychological referral and appropriate surgical clearance, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

**Postop PT 2x4, QTY:12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines indicate that the initial course of therapy means  $\hat{A}$ ½ of the number of visits specified in the general course of therapy for the specific

surgery in the postsurgical physical medicine treatment recommendations. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.

**Post op Splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Splinting.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Splints.

**Decision rationale:** The Official Disability Guidelines indicate that splints are recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is non-certified.