

Case Number:	CM13-0028769		
Date Assigned:	11/01/2013	Date of Injury:	05/21/2012
Decision Date:	02/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/24/2013

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 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 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 51-year-old injured worker who sustained an injury on 5/21/12 during the course of their employment as a cook for [REDACTED] when they fell from a stool. An MRI dated May 09, 2013, demonstrated avascular necrosis into the lunate without collapse. This is commonly referred to Kienbock's Disease. It was also noted to be a nonunion of a previous styloid fracture. The studies do not reflect a scaphoid fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the Green's Operative Hand Surgery.

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

Decision rationale: According to the ACOEM Guidelines "referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long

term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan". There is no documentation of a scaphoid fracture requiring operative intervention. The records reflect evidence of avascular necrosis into the lunate as well as a nonunion of the ulnar styloid, but no evidence of radiographically of a scaphoid fracture requiring open reduction internal fixation. The surgical intervention would not be supported absent "clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention". The request for an open treatment of carpal scaphoid (navicular) fracture, including internal fixation, when performed, is not medically necessary and appropriate.