

Case Number:	CM13-0033229		
Date Assigned:	06/06/2014	Date of Injury:	10/20/2011
Decision Date:	07/14/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 42-year-old male who reported an injury on October 20, 2011. The mechanism of injury was not provided for review. The injured worker's treatment history included the chronic use of extremity splinting, modified activities, anti-inflammatory medications, multiple corticosteroid injections to the wrist and physical therapy. The injured worker was evaluated on August 30, 2013. It was noted that there was a series of x-rays done to demonstrate diastases at the level of the scapholunate interval with mild dorsal intercalary carpal instability posture of the lunate, noted to be greater than 70 degrees with slight narrowing of the joint space between the distal pole of the scaphoid and the radial styloid. It was also noted that there was an MRI in January of 2012 that concluded that there was a partial tear of the scapholunate interosseous ligament. The physical findings included a positive Watson's maneuver. Due to the injured worker's persistent symptoms despite conservative care, a surgical request was made for a left wrist scapholunate arthrodesis with denervation and possible radial styloidectomy on September 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OF 2 OUTPATIENT LEFT WRIST SCAPHOLUNATE ARTHRODESIS WITH DENERVATION AND POSSIBLE RADICAL STYLOLDECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Hand Chapter, Arthrodesis (fusion).

Decision rationale: The requested outpatient left wrist scapholunate arthrodesis with denervation and possible radical styloidectomy is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this type of surgical intervention. The Official Disability Guidelines recommend scapholunate arthrodesis for injured workers who have significant imaging findings of severe post-traumatic osteoarthritis. The clinical documentation did not provide imaging support of significant post-traumatic osteoarthritis that would require arthrodesis at the scapholunate. Although the injured worker has physical findings recalcitrant to conservative measures, in the absence of imaging support, this surgical intervention would not be supported. As such, the requested outpatient left wrist scapholunate arthrodesis with denervation and possible radical styloidectomy is not medically necessary or appropriate.