

<b>Case Number:</b>	CM13-0045212		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/04/2004
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 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 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:

This 56-year-old female sustained an industrial injury on 2/4/04 because of repetitive work duties, including data entry and typing. She is status post three left wrist surgeries in 2004 and 2005, and a scapholunate ligament reconstruction. The 10/18/12 left wrist x-rays reported anchors in the scaphoid with widening of the scapholunate ligament, collapse of scaphoid with instability/deformity, and arthrosis in the distal radioulnar joint. The 2/5/13 orthopedic report stated a diagnosis of traumatic arthritis left wrist and left cubital tunnel syndrome. The 3/12/13 bilateral upper extremity electrodiagnostic study was normal. The 3/13/13 left wrist MR arthrogram documented no full-thickness communicating tear of the TFCC, slight widening of the scapholunate interspace with associated DISI deformity, partial thickness tears in the dorsal and intramembranous components of the scapholunate interosseous ligament, and dorsal radioulnar ligament slightly diminutive and frayed second to low-grade partial thickness tear. The 10/7/13 orthopedic report indicated that the left wrist has been worsening with difficulty in activities of daily living secondary to wrist pain. Left wrist exam findings documented tenderness to palpation, mild effusion, painful and severely limited range of motion, 4/5 grip strength, and intact neurovascular status. The diagnosis was left wrist DISI deformity with scapholunate ligament insufficiency, left wrist scapholunate ligament disruption with scapholunate internal widening and SLAC wrist, left wrist distal radioulnar joint arthrosis, anchors in the scaphoid with widening of the scapholunate ligament, and collapse of scaphoid with DISI deformity. Records indicate comprehensive conservative treatment had failed and the patient had not worked since 2009. The orthopedist opined that the patient would most likely need a total wrist arthrodesis; however if it looked like the luno-radial articulation was stable, a scaphoid excision with 4-corner mid-carpal arthrodesis would be preferable. This would be determined at the time of surgery. The 10/28/13 utilization review denial was based on no

clinical evidence of instability and no corroborating x-rays documenting degenerative arthritis of the wrist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **LEFT TOTAL WRIST ARTHRODESIS: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS do not provide recommendations for surgical intervention in chronic wrist injuries. The Official Disability Guidelines recommend arthrodesis in severe post-traumatic arthritis of the wrist after six months of conservative therapy. Arthrodesis is indicated in younger patients in whom heavy loading is likely, in joints with a fixed, painful deformity, instability or loss of motor, and in the salvage of failed implant arthroplasty. Guideline criteria have been met. The 10/18/12 wrist x-rays documented scaphoid DISI deformity and radioulnar joint arthrosis. The 3/13/13 MR arthrogram confirmed scapholunate widening with partial thickness tears of the scapholunate and radioulnar ligaments. The patient has not worked since 2009 with worsening pain and difficulty with activities of daily living. Exam findings documented painful and severely limited wrist range of motion and grip strength weakness. The diagnosis included SLAC wrist. Reasonable comprehensive long-term non-operative treatment has been attempted and failed. Therefore, this request for left total wrist arthrodesis is medically necessary

#### **90 NORCO 10/325MG: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-91.

**Decision rationale:** The California MTUS state that Norco is indicated for moderate to moderately severe pain on an as needed basis. This request for post-operative use is consistent with guidelines. Therefore, this request for Norco is certified.