

<b>Case Number:</b>	CM13-0045983		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 60-year-old female with an industrial injury from 3/10/03. Exam notes from 11/18/09 demonstrate her chief complaint is right and left wrist/hand pain. The pain is constant and varies between a dull ache and a sharp sensation. The pain radiates to the right thumb. Exam notes from 5/10/10 report patient had surgery on 1/19/10 consisting of radiolunate fusion with distal radius bone graft as well as removal of a deep retained pin in the right thumb. Exam notes from 8/4/10 demonstrate the patient still complains of right and left wrist/hand pain. Right wrist and hand x-rays from 8/4/10 show fusion of the radiolunate joint with two metallic screws securely in place, there is no evidence of fracture or dislocation. Psychological progress report from 4/25/13 demonstrates patient is still being treated for depression, anxiety, frustration, anger and insomnia. Evaluation on 7/8/13 demonstrates worsening pain in her right wrist. Exam of right wrist reveals approximately 30 degrees of motion. There is some pain at extremes of flexion and extension. X-rays were taken and show one of the headless compression screws is loose and has migrated distally into the hamate. There was removal of two loose screws in patient's right wrist under general anesthesia was performed on 8/13/13. There were no complications. Exam notes from her 3rd post-op visit on 10/16/13 demonstrate patient has pain and arthritis in her right wrist/hand. Request is for right proximal row carpectomy total wrist fusion with autograft under general anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT WRIST PROXIMAL ROW CARPECTOMY TOTAL WRIST FUSION WITH AUTOGRAFT UNDER GENERAL ANESTHESIA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Forearm, Wrist and Hand, Arthrodesis.

**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, ARDARTHODESIS

**Decision rationale:** The MTUS/ACOEM is silent on the issue of proximal row carpectomy with total wrist fusion. According to the ODG guidelines, wrist fusion is recommended for severe post-traumatic arthritis of the wrist of thumb or digit after 6 months of conservative therapy. In this case there is no documentation of 6 months of conservative therapy or radiographic evidence in the records of severe arthritis. Therefore determination is for non-certification.

**PRE OPERATIVE MEDICAL CLEARANCE: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**EKG: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**LABS: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**12 SESSIONS OF POST OPERATIVE OCCUPATIONAL THERAPY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.