

Case Number:	CM13-0049177		
Date Assigned:	12/27/2013	Date of Injury:	08/29/2012
Decision Date:	05/19/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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:

The ACOEM Guidelines support surgery for the wrist when there is clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from the proposed surgery. The Official Disability Guidelines and ACOEM Guidelines would indicate the request for total wrist fusion as medically necessary for this injured worker. The records provided for review confirm that the claimant has advanced changes of the lunate consistent with osteonecrosis and has failed conservative measures. The role of arthrodesis is recommended for posttraumatic arthritis of the wrist or digit after failing six months of conservative care. Therefore, the ACOEM Guidelines are met with clear clinical evidence of a surgical condition that will benefit by the proposed arthrodesis. The request is medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOTAL WRIST FUSION WITH PLATE AND SCREWS WITH MODIFIED DARRACH PROCEDURE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The ACOEM Guidelines support surgery for the wrist when there is clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from the proposed surgery. The Official Disability Guidelines and ACOEM Guidelines would indicate the request for total wrist fusion as medically necessary for this injured worker. The records provided for review confirm that the claimant has advanced changes of the lunate consistent with osteonecrosis and has failed conservative measures. The role of arthrodesis is recommended for posttraumatic arthritis of the wrist or digit after failing six months of conservative care. Therefore, the ACOEM Guidelines are met with clear clinical evidence of a surgical condition that will benefit by the proposed arthrodesis. The request is medically necessary and appropriate.

POSTOPERATIVE OCCUPATIONAL THERAPY 3X4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines support physical therapy in the postoperative setting after wrist arthrodesis. Therefore, the request for 12 sessions of physical therapy in the postoperative setting is established as medically necessary and appropriate.

CUSTOM SPLINT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: The Official Disability Guidelines recommend the use of an initial custom splint based on the nature of the surgical process and need for early immobilization for maximum benefit. In this case a custom splint would be indicated. The request is medically necessary and appropriate.