

Case Number:	CM13-0057291		
Date Assigned:	12/30/2013	Date of Injury:	11/12/2009
Decision Date:	04/10/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 claimant is a 58-year-old female who sustained an injury to the left wrist on November 12, 2009. An MRI of the left wrist dated October 9, 2012 showed prior surgical removal of the trapezium with degenerative cystic changes involving the carpal bones; instability of the central column was questioned with widening of the scapholunate interosseous space. On January 16, 2013, the claimant underwent left wrist arthroscopy to assess her scapholunate ligament at which time a debridement was performed. The October 31, 2013 progress report documented continued pain in the left wrist, worse with heavy activities. Current working assessment was osteoarthritis of the hand and forearm joint. No physical examination findings were documented. The x-ray report dated June 26, 2013 revealed previous hardware through the carpal bone from the surgery to widen the scapholunate interval.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL WRIST FUSION WITH ILIAC BONE GRAFT: Upheld

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 and ACOEM guidelines are silent on this issue. Based upon the Official Disability Guidelines, the surgical request for a wrist fusion would not be indicated. Fusion of the wrist is recommended for severe postoperative osteoarthritic change following six months of conservative care and therapy. While the claimant was noted to have scapholunate interval change, the current clinical documentation provided for review does not contain evidence of posttraumatic arthritis. There is also no documentation of clinical examination findings supporting the need for wrist fusion. Based on the above, the specific clinical request is noncertified.

"ASSOCIATED SURGICAL SERVICE" Postoperative physical therapy three times a week for four weeks.: 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.

Physical 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.

"ASSOCIATED SURGICAL SERVICE" POSTOPERATIVE WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK UP, NON-MOLDED: 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.