

<b>Case Number:</b>	CM13-0058777		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 and is licensed to practice in New York. 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:

On physical examination the patient has right wrist pain and loss of motion. There is tenderness and pain with range of motion. The patient is crepitus with range of motion of the wrist. There is a positive Tinel sign at the wrist. There is decreased sensation in the thumb and index fingers. X-rays of the wrist show volar dislocation of the lunate with arthritic changes at the wrist. The medical records do not include a formal interpretation of the x-rays by radiologist. There is no documentation of trial and failure of significant conservative measures to include physical therapy. At issue is whether surgical treatment in the form of wrist fusion or a proximal row carpectomy and carpal tunnel surgery is medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist revision of carpal tunnel release with excision of dislocated lunate bone and possible proximal row carpectomy vs total wrist arthrodesis with possible bone graft:**  
Upheld

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

**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), Forearm, Wrist and Hand; and Wheelless' Textbook of Orthopedics

**Decision rationale:** : This patient does not meet established criteria for wrist surgery at this time. Specifically, there is no evidence of a conservative treatment program has been tried and failed by the patient. In addition, the medical records do not include official reading of the wrist films by radiologist that documents dislocation of the lunate bone. Also, surgeon's readings of the imaging studies indicate that there is mild arthritic change in the wrist. Given the fact that there is considered to be mild arthritic change the patient should have a trial and failure of conservative measures. When contemplating fusion procedures for the wrist, or proximal row carpectomy surgery, guidelines indicate that conservative measures to include significant physical therapy should be tried and failed. In this case the patient has not had a trial of failure of physical therapy documented in the chart.

**Post op therapy 2 times a month for 2 months:** Upheld

**Claims Administrator 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), Forearm, Wrist and Hand; and Wheelless' Textbook of Orthopedics

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**Decision rationale:** Since his surgery is not medically necessary, than other associated postoperative items are not needed.