

<b>Case Number:</b>	CM13-0060933		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/16/2006
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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:

This 56-year-old claimant has a date of injury of December 16, 2006. The claimant has been treated for complaints of right wrist pain and right hand numbness for the diagnosis of right carpal tunnel syndrome and a right scaphoid non-union. The claimant was seen by a hand surgeon in March 2012 and the x-rays demonstrated a scaphoid non-union, with associated radioscapoid arthritis. An electromyography (EMG) was performed in May 2010, which documented carpal tunnel syndrome. The claimant was evaluated on August 2013 by [REDACTED], who noted findings of carpal tunnel syndrome on physical examination. In the September 3, 2013 letter of the primary treating physician's review of medical records and supplemental report, he recommended right carpal tunnel release surgery and deferred the decision making regarding the scaphoid non-union to the hand surgeon [REDACTED]. When [REDACTED] saw the claimant in March 2012, he recommended a salvage procedure for the scaphoid non-union, such as a scaphoid excision four corner fusion due to the surrounding arthritis rather than attempting to heal the scaphoid non-union. In another progress report (PR-2), authored by [REDACTED], it was handwritten and difficult to read; on January 15, 2013 it appears as though a vascular bone graft was recommended to heal the scaphoid non-union. In another PR-2 report also authored by [REDACTED] on May 23, 2013, his treatment plan documented the scaphoid non-union, but the exact nature of the surgery was not recommended. In a PR-2 report authored by [REDACTED] dated August 2, 2013, the authorization for surgery to repair the non-union of the scaphoid fracture and release of the carpal tunnel was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repair non-union scaphoid fracture:** Upheld

**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 Wheelless textbook of Orthopedics: Scapholunate Advanced Collapse (SLAC).

**Decision rationale:** The repair of non-union scaphoid fracture would not be considered appropriate in this case based on the records provided and the Wheelless Textbook of Orthopedics. The Wheelless Textbook of Orthopedics, section on Scaphoid lunate advanced collapse or SLAC refers to a specific pattern of osteoarthritis and subluxation that result from untreated chronic scaphoid dislocation, or from chronic scaphoid non-union. The treatment options include proximal corpectomy wrist fusion or four corner fusion, and are not indicated to repair a scaphoid non-union with surrounding arthritis. A salvage procedure is indicated. The repair non-union scaphoid fracture cannot be certified in this case. The request does not meet medical evidence recommendations.

**Carpal tunnel release:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270,272.

**Decision rationale:** The MTUS/ACOEM Guidelines support carpal tunnel release surgery if the diagnosis is supported based on history and physical examination findings and electrodiagnostic studies demonstrate carpal tunnel syndrome. In this case, there is a history of carpal tunnel syndrome with appropriate physical examination findings and positive electrodiagnostic studies. Therefore, right carpal tunnel surgery would be considered medically necessary in this case.