

Case Number:	CM13-0062683		
Date Assigned:	12/30/2013	Date of Injury:	10/10/2010
Decision Date:	07/24/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/09/2013

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 Plastic Surgery and Hand Surgery, and is licensed to practice in Oregon. 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 48-year-old male who was injured on 10/10/10 when his wrist became sore while loading boxes. He is diagnosed with scapholunate instability left wrist and CMC arthritis. MRI showed a full thickness defect along the membranous component of the scapholunate ligament and a dorsal lunate tilt. Dorsal capsulodesis was performed on 4/19/13. Follow-up x-rays showed a wide gap between the scaphoid and lunate. SLAM (scapholunate axis method) procedure is planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

SCAPHOLUNATE AXIS METHOD (SLAM) TECHNIQUE OF THE LEFT WRIST:

Upheld

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

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

Decision rationale: The SLAM technique is a new procedure. According to one website (<http://www.oamichigan.com/blog/2013/12/16/oam-helps-pioneer-a-revolutionary-technique-to-repair-common-wrist-injuries/>), only 150 patients have been treated with this procedure, and the

medical literature does not contain any peer reviewed reports documenting the clinical outcomes in this initial group of patients. According to the ACOEM guidelines: Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; and/or, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention The medical literature does not confirm that the SLAM procedure has clear clinical benefit, and is therefore not medically necessary.

ELECTROCARDIOGRAM: 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.

POST-OPERATIVE OCCUPATIONAL THERAPY (6 SESSIONS): 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.