

<b>Case Number:</b>	CM14-0005473		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 49-year-old gentleman who was injured in work related accident on 03/19/13. Records provided for review indicate that the claimant sustained multiple orthopedic injuries including one to the left wrist in the form of a scaphoid fracture. A 12/02/13 progress report indicated the claimant had diminished range of motion of the left wrist and continued tenderness over the anatomic snuffbox for a diagnosis of scaphoid nonunion. A report of an MRI of the wrist dated 07/27/13 showed avascular necrosis of the proximal fracture fragment and evidence of a continued fracture at the scaphoid. Recent plain film radiographs demonstrate continued nonunion of the proximal pole. Based on imaging findings, the recommendation was made for excision of the proximal pole of the left scaphoid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXCISION OF PROXIMAL POLE LEFT SCAPHOID:** Overturned

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

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

**Decision rationale:** Based on the California ACOEM guidelines supported by orthopedic literature, the request for excision of the proximal pole of the left scaphoid is recommended as medically necessary. The claimant has chronic nonunion of the scaphoid with positive documentation on imaging. Given the nature of claimant's current clinical presentation, the role of a proximal pole excision would be supported as medically necessary to help improve pain complaints and improve function. Specific request would be supported as medically necessary.