

Case Number:	CM14-0161758		
Date Assigned:	10/07/2014	Date of Injury:	01/17/2013
Decision Date:	12/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/02/2014

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 Plastic & Reconstructive Surgery and is licensed to practice in Maryland. 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 patient is a 57 year old female with a reported date of injury on 1/17/13. She was noted to have previously suffered a closed left scaphoid fracture. She complains of chronic pain of the radial left wrist. Conservative management had included NSAIDs, bracing, physical therapy and activity modification. Orthopedic re-evaluation dated 7/11/14 notes continued left wrist pain worsened with activity. Examination notes significant tenderness over the radioscahoid joint and scaphotrapezial joint. X-rays are stated to show an old scaphoid fracture with non-union deformity as well as radiocarpal arthrosis and mild CMC arthrosis. There is a large osteophyte impinging on the radiostyloid. Therapy and medical management is recommended, as well as excision of the left wrist scaphoid bone spur to alleviate the impingement of the wrist. X-ray report from 7/11/14 notes an old fracture of the scaphoid with flattening of sclerosis of distal fragments. A large bone spur is not documented. UR review dated 9/10/14 did not certify the procedure for left wrist excision of a scaphoid spur. Reasoning given was that the patient has a scaphoid non-union and the status of the scaphoid has not been delineated by diagnostic imaging. In addition, 'there is no report of literature demonstrating the efficacy of stand-alone of a scaphoid spur to treat chronic scaphoid non-union with radiocarpal arthritis and there is no report by an independent orthopedic or hand surgeon agreeing with excision of a scaphoid spur in this individual's wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist excision scaphoid spur: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopedics, Scaphoid Nonunion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Scott W. Wolfe, Robert N. Hotchkiss, William C. Pederson and Scott H. Kozin. 'Fractures of the Carpal Bones.' Green's Operative Hand Surgery, chapter 18, 639-707. S. Terry Canale and James H. Beaty. 'Wrist Disorders.' Campbell's Operative Orthopaedics, Chapter 69, 3383-3476.e8.

Decision rationale: However, X-ray report does not document presence of one. It is unclear if this is the cause of the wrist impingement or wrist pain. The patient has other reasons for pain and lack of function due to her scaphoid non-union and radiocarpal arthritis that needs to be evaluated prior to surgical intervention. This is reasoned in the utilization review from Green's Operative Hand Surgery, 'The failure of a scaphoid fracture to heal results in a predictable pattern of wrist arthritis. To prevent arthritis and minimize the incidence of arthrosis, the goal of treatment should be consolidation of the fracture with the scaphoid in anatomic alignment. Advanced imaging, including CT and MRI, aids in the evaluation of scaphoid alignment, bone loss, scaphoid humpback deformity, carpal collapse, and osteonecrosis. Generally, scaphoid non-unions with severe collapse and humpback deformity must be approached volarly with interposition of an intercalary bone graft and internal fixation. A dorsal approach to proximal scaphoid non-unions allows immediate access for removing the necrotic bone from small proximal pole nonunions and internal fixation. Vascularized bone graft is recommended to manage scaphoid non-unions with osteonecrosis.' From Campbell's Operative Orthopedics, 'Styloidectomy alone probably is of little value in treating non-unions of the scaphoid. If arthritic changes involve only the scaphoid fossa of the radiocarpal joint, however, styloidectomy is indicated in conjunction with any grafting of the scaphoid or excision of its ulnar fragment.' Thus, isolated bony resection (as would be the case for scaphoid bony spurs resection in this patient) does not appear as a reliable or an appropriate treatment without further clarification of the status of the scaphoid non-union. In addition, there is no adequate supporting documentation from the X-ray report detailing a significant bony spur of the scaphoid. Thus, isolated bony spur resection in the setting of scaphoid non-union and radiocarpal arthritis would not be considered medically necessary.

Post operative physical therapy (12) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopedics, Scaphoid Nonunion

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.

