

Case Number:	CM14-0037813		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2010
Decision Date:	07/28/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/31/2014

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:

This 64-year-old female sustained an industrial injury on 11/8/10. The patient is status post right thumb carpometacarpal (CMC) joint arthroplasty with trapeziectomy and right wrist hemitrapezoidectomy on 3/15/13. The patient underwent right shoulder diagnostic arthroscopy, subacromial decompression, and repair of the glenoid labrum on 10/18/13. The 2/17/14 hand surgeon report cited continued intermittent severe pain, radial aspect of the right hand and wrist. Pain was worse with pressure and use, improved at rest. There was associated swelling and weakness. Physical exam findings documented significant diffuse tenderness on the radial aspect of the right hand at the base of the thumb. There was second CMC joint and scaphotrapezoid joint tenderness. There was significant tenderness over the radial wrist at the anatomic snuffbox region. There was mild right wrist/hand swelling and no evidence of injection. There was decreased thumb range of motion secondary to pain. She could flex her digits to the palm. There was no wrist instability or crepitus. Wrist range of motion was full. The treatment plan recommended referral to acupuncture and pain management. If acupuncture and pain management failed, the patient would be a candidate for a repeat surgery to address the radial aspect of her wrist in the region of the hemitrapezoidectomy, which may require a fusion. The 3/7/14 utilization review certified the requests for acupuncture and pain management and denied the request for right wrist surgery as conservative options had not been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery aspect of her wrist (in the region of the hemitrapezoid which may require a fusion): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Arthrodesis (fusion).

Decision rationale: The California MTUS guidelines do not provide surgical recommendations for chronic wrist injuries. The Official Disability Guidelines recommend arthrodesis of the wrist, thumb or digit after 6 months of conservative treatment to relieve the pain of post-traumatic wrist arthritis. Arthrodesis may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Guideline criteria have not been met. Additional conservative treatment has been recommended by the hand surgeon. Acupuncture and pain management have been certified and have not yet been tried and failed. There is significant intermittent pain but there is no evidence of instability. The clinical indications are not met at this time. Therefore, this request for surgery aspect of her wrist (in the region of the hemitrapezoid which may require a fusion) is not medically necessary.