

<b>Case Number:</b>	CM14-0040988		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/10/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 40-year-old female who reportedly injured the right upper extremity on September 10, 2003. The medical records provided for review included the report of a right wrist MRI dated February 22, 2014, identifying the appearance of chronic avascular necrosis of the lunate and an ulnar negative variant. Physical examination findings showed tenderness over the lunate and dorsum of the wrist with positive Phalen's and Durkin's testing. The records document that the claimant has failed conservative treatment for the wrist including immobilization, bracing, physical therapy, and medication management and continues to have pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right radial ulnar shortening osteotomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation "Radial shortening osteotomy in advanced stages of Kienbck's disease".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS and ACOEM guidelines do not address this surgical request. Based on the Official Disability Guidelines, the request for an ulnar shortening

osteotomy would be supported. The records document that the claimant has an ulnar negative variance on imaging, has failed significant conservative care, and has continued chronic complaints of pain about the ulnar aspect of the wrist. In light of the conservative measures which have already been utilized and the claimant's current imaging presentation, the request for ulnar shortening osteotomy would be supported as medically necessary.