MAXIMUS Federal Services

Case Number:	CM14-0077822		
Date Assigned:	07/18/2014	Date of Injury:	12/02/2009
Decision Date:	10/07/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/28/2014

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 injured worker sustained an injury to the right wrist on 12/2/09 with resultant scapholunate dissociation. She has undergone scapholunate reconstructions x 2 with the last in 2011 and has had a right anterior interosseous neurectomy, but has persistent right wrist pain. The treating surgeon has also diagnosed right carpal tunnel and cubital tunnel syndromes and has recommended both carpal and cubital tunnel releases, stated it is not clear what proportion of the right wrist pain is neurogenic in nature versus structural. Imaging studies have demonstrated a 3.8 mm right interval on the anteriorposterior (AP) view and a 60 degree scapholunate angle on the lateral view with preservation of the radiocarpal joint, central carpus and little rotatory instability of the scaphoid and lunate. There is 55 degrees of right wrist extension and 30 degrees of flexion present with tenderness over the right radioscaphoid and capitolunate joints. A right proximal row carpectomy has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist proximal row carpectomy outpatient Carpectomy; all bones of proximal row: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Wheeless' Textbook of Orthopedics (http://www.wheelessonline.com/ortho/proximal_row_carpectomy)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheeless' Textbook of Orthopaedics, Scapholunate Advanced Collapse (SLAC), online version Wheeless' Textbook of Orthopaedics, Dorsal Intercalated Segment Instability: (DISI), online version

Decision rationale: The injured worker has a variant of a scapholunate advanced collapse wrist, Grade I, as there is only evidence of scapholunate joint dissociation/widening of > 2 mm, but no evidence of additional degenerative changes of the scaphoradial joint or central carpus. Wheeless online states that additional changes seen with scapholunate advanced collapse wrists are dorsal intercalated segment instability, diagnosed with a scapholunate angle of > 70 degrees on lateral imaging views. The injured worker has a lateral scapholunate angle of only 60 degrees. Wheeless and the Orthopaedic Knowledge Updates 10 and 11 recommend proximal row carpectomy for symptomatic scapholunate advanced collapse wrists, with the Orthopaedic Knowledge Updates 10 and 11 recommending this for higher grade (II and III) scapholunate advanced collapse wrists. The treating physician has stated that the contributions of the injured worker's right carpal and cubital tunnel syndromes to the right wrist complaints is not clear and has recommended cubital and carpal tunnel releases. This issue should be resolved prior to consideration of proximal row carpectomy. The injured worker has a scapholunate advanced collapse I deformity of the right wrist. Based on the recommendations of Wheeless and the Orthopaedic Knowledge Updates 10 and 11, the requested is not medically necessary.