MAXIMUS Federal Services

Case Number:	CM15-0003736		
Date Assigned:	01/14/2015	Date of Injury:	12/22/2011
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 57 year old man sustained an industrial injury on 10/22/2011 to the right hand after he tripped and fell over a cord landing on he outstretched hand. Evaluations include x-ray dated 9/2/2014 showing worsening joint space narrowing and breakdown of the midcarpal fusion, a right wrist MRI without contrast that showed no fractures or ligamentous tears, and an MRI of the right shoulder showed mild degenerative osteoarthritis of the acromioclavicular joint. Treatment has included oral medications, use of a brace, joint injection, and multiple surgical interventions. Physician notes on a PR-2 dated 12/2/2014 showed the worker using his brace and starting a new anti inflammatory medication. X-ray results show worsening joint space narrowing at the radiolunate joint. The physician determined that he would likely require total wrist arthrodesis and the worker would like to wait until November. From an Agreed medical evaluation dated 3/27/14 noted that the patient had previously undergone 4 corner wrist fusion with scaphoid excision on or about 6/10/13. X-ray results from 1/7/14 reportedly show a solid fusion site.On 12/15/2014, Utilization Review evaluated a prescription for right wrist arthrodesis, that was submitted on 1/5/2015. The UR physician noted there is no radiographic evidence of advanced arthritis in the wrist. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthrodesis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Arthrodesis (Fusion) Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Total wrist arthrodesis.

Decision rationale: The patient is a 57 year old male with chronic right wrist pain who had undergone previous 4 corner fusion with scaphoid excision on or about 6/10/13, He was previously noted to have a solid fusion site from stated results of radiographic studies on 1/7/14. X-ray results from 9/2/14 are stated to show worsening narrowing of the radiolunate joint. No further description is given and the formal report is not reported. Based on the entirety of the medical record, there is insufficient documentation that the patient has a failed previous 4 corner fusion and has definitive findings of 'severe post traumatic arthritis of the wrist' that would necessitate a total wrist fusion. This is not to say that the patient would not benefit from a total fusion to treat his chronic pain; there is just insufficient documentation to show that it is medically necessary. From ODG with respect to wrist fusion, it is recommended in severe post traumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. Total wrist arthrodesis is regarded as the most predictable way to relieve the pain of posttraumatic wrist arthritis. Total wrist fusion diminishes pain, but wrist function is sacrificed. Patients may have functional limitations interfering with lifestyle, and total fusion does not always result in complete pain relief. Arthrodesis (fusion) provides a pain-free stable joint with a sacrifice of motion. It 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.Thus, without further clarification clearly documenting severe post traumatic arthritis of the wrist supported by radiographic study, total fusion should not be considered medically necessary.