

<b>Case Number:</b>	CM15-0104125		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 52 year old female who sustained an industrial injury on 06/24/2013. The injured worker was diagnosed with left wrist distal radioulnar disruption. The injured worker is status post ulnar shortening followed by hardware removal approximately 5 years ago. Treatment to date includes diagnostic testing with magnetic resonance imaging (MRI) and X-rays of the left wrist, conservative measures, occupational therapy and acupuncture therapy. According to the treating physician's progress report on April 2, 2015, the injured worker continues to experience left hand/wrist pain. Examination of the left upper extremity notes a long scar on the ulnar side of the forearm compatible with the past surgery. The injured worker has full unimpeded range of motion in flexion and extension of all digits without limitations and almost full wrist extension and flexion with a degree of ulnar deviation, almost full pronation and supination with supination accompanied by pain. Pain was specifically at the distal radioulnar joint with tenderness to palpation on the dorsum of the wrist where the posterior interosseous nerve enters the wrist. Grip strength was reduced on the left side. Current medications were not noted. Treatment plan consists of one local anesthetic block of the posterior interosseous nerve and if improvement noted a neurectomy would follow and the current request for left wrist reconstructive surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist reconstructive surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation [http://www.wheelsonline.com/ortho/sauve\\_kapandji\\_procedure](http://www.wheelsonline.com/ortho/sauve_kapandji_procedure).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure to respond to conservative management and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical Intervention. In this case the exam note from 4/2/15 discusses imaging findings including an MRI interpreted by the radiologist as normal. There is no evidence in the interpretation of x-rays that day of arthritis. The physical exam shows no evidence of instability. Based on this, there is no apparent pathology shown to benefit from surgical intervention. Based on this the request for reconstruction of the left wrist is not medically necessary.