

Case Number:	CM15-0139423		
Date Assigned:	07/29/2015	Date of Injury:	04/30/1998
Decision Date:	08/27/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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:

The injured worker is a 55 year old male who sustained a work related injury April 30, 1998. While working with a loader, it rolled backwards over him and he was diagnosed with a crush injury involving his pelvis, lumbar spine, and wrist. He also had a punctured lung and a splenectomy performed and was hospitalized for approximately five weeks. Over the course of care, he was treated for depression, erectile dysfunction, and for pain in his left wrist, pelvis, and lower back. He received physical therapy and a series of three lumbar epidural steroid injections, the last September, 2013. A physician noted in August, 2014, the injured worker has an active right leg radiculopathy L4 distribution with disc protrusion at L3-4 and L4-5 on the right. Past history included an open reduction and internal fixation, left wrist April 30, 1998 and a splenectomy April, 1998. According to a pain management consultation dated May 6, 2015, the injured worker presented with complaints of lower back pain radiating down to both lower extremities, rated 7 out of 10, mid back pain, occasional neck pain, mostly axial, and left wrist pain which radiates to his left forearm along with weakness, numbness and tingling in his left hand. Current medication included Norco, Viagra, Wellbutrin, and Ativan. Objective findings included; 5'10" and 260 pounds, cervical spine; numerous palpable trigger points and tenderness with decreased range of motion and muscle guarding. There are numerous trigger points of the lumbar spine with tenderness and decreased range of motion and guarding. Sensory exam with Wartenberg pinprick wheel is decreased along the posterolateral thigh and posterolateral calf L5-S1 distribution bilaterally. Assessment is documented as lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy; left wrist internal derangement; injury to the penis with

reconstruction and altered sexual performance; history of lung collapse with loss of pulmonary function and anxiety and depression. Treatment plan included four trigger point injections with 50% pain relief and increased range of motion (posterior lumbar musculature), medication refill and continued outpatient physical therapy. According to a physician's progress report, dated June 12, 2015, the injured worker presented with severe low back pain and right wrist pain. Objective findings are documented as weakness, restricted range of motion (unspecified region). Some handwritten notes are difficult to decipher. Diagnoses are closed fracture other specified body part pelvis; ankylosis of hand joint. Treatment plan included consultation for internal medicine and pain management, continue medication, and at issue, a request for authorization for a right wrist arthroplasty versus fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthroplasty versus fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand, Wrist, Forearm, Arthroplasty.

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

Decision rationale: The patient is a 55 year old male who had sustained complex injury, including fracture of the left wrist. He had undergone operative reduction and internal fixation of the left wrist previously. He is noted to have continued chronic pain of the left wrist and restrictive range of motion. Previous requests included a CT scan of the left wrist and MRI of the bilateral wrists. It is unclear if this had been performed as there are no reports contained in the documentation provided for this review. Conservative managements appear to have included physical therapy to the left wrist as well as pain management and medical management. Overall, based on the medical documentation provided, there is insufficient justification for right wrist arthroplasty versus fusion. The documentation appears to show abnormalities on the left side. There has not been sufficient documentation of abnormality on the right side. A detailed examination of the right wrist has not been provided as well as conservative treatment on this side. Results from plain radiographs and/or CT or MRI have not been documented. From ACOEM, Chapter 11, page 270, Referral for hand surgery consultation may be indicated for patients who: "Have red flags of a serious nature", Fail to respond to conservative management, including worksite modifications "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." Thus without clear justification for surgery as well as adequate clinical examination documentation and supporting radiographic studies and failure of conservative management, the proposed surgery is not medically necessary.