

<b>Case Number:</b>	CM15-0181531		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 70 year old male, who sustained an industrial injury on 12-14-2013. He has reported subsequent bilateral wrist, neck, low back, right hip and left knee pain and was diagnosed with traumatic arthropathy of the left wrist, left knee osteoarthritis, left leg radiculopathy with history of lumbar disc disease, left shoulder rotator cuff syndrome and right knee pain. The injured worker was noted to work as a truck driver and heavy equipment operator. Electromyography of the bilateral upper extremities on 05-27-2015 revealed no acute entrapment neuropathy, radiculopathy or plexopathy. Treatment to date has included medication, activity modifications, splinting, rest and ice which were noted to have failed to significantly relieve the pain. In a progress note dated 08-11-2015, the injured worker reported moderate to severe right wrist pain radiating up the arm with recurrent swelling episodes, weakness and instability and left hand numbness and weakness. Objective examination findings of the left wrist were notable for moderate effusion of the wrist joint, mild tenderness at the radial side of the wrist, slightly decreased range of motion, moderately decreased wrist strength, equivocal Tinel's sign over the median and ulnar nerve, and equivocal Phalen's sign. X-rays of the left wrist taken that day were noted to show severe degenerative changes in the radio-scaphoid joint in the radio-carpal joint and a schapho-lunate advanced collapse pattern. The physician noted that a left radial styloidectomy was recommended. A request for authorization of left radial styloidectomy procedure was submitted. As per the 09-11-2015 utilization review, the request for left radial styloidectomy procedure was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Radial styloidectomy procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Arthrodesis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 15, Carpal Instability Page 493, Radial Styloidectomy.

**Decision rationale:** This is a request for left radial styloidectomy. Records reviewed document pain in the head, neck, chest, low back and all 4 extremities only a very small minority of the patient's symptoms could be originating in the wrist. Records specifically referring to the wrist note pain in both wrists described as "generalized and diffuse, in a glove distribution" wrist symptoms are not localized to a specific part of the wrist. Records suggest a presumed diagnosis of wrist ligamentous injury and long-term instability with secondary arthritis often described by the acronym SLAC (schapho-lunate advanced collapse) wrist. The proposed surgery is to resect a small portion of the radius bone which addresses a small specific area of the wrist while doing nothing to treat the presumed underlying wrist problem "the ligament injury and instability" and cannot be expected to prevent progressive wrist arthritis. In this case only a small minority of the patient's symptoms could reasonably be attributed to wrist injury. Further, the proposed surgery is an unusual (it is not mentioned in the CA MTUS or any evidence based treatment algorithms and just briefly mentioned primarily as a historical note in the specialty text referenced) and limited one which could only be expected to diminish a small portion of wrist symptoms on the thumb side of the wrist and would have no effect on symptoms on the opposite side of the wrist or throughout the hand. There is no reasonable expectation that the proposed surgery would bring about substantial functional improvement. Therefore, the surgery is determined to be not medically necessary and appropriate.