

Case Number:	CM15-0196514		
Date Assigned:	10/12/2015	Date of Injury:	09/16/2014
Decision Date:	11/23/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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 43 year old male who sustained an industrial injury on 9-16-14. The injured worker reported left wrist discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for left wrist fracture and left wrist degenerative triangular fibrocartilage tear. Medical records dated 8-28-15 indicate pain rated at 5 out of 10. Provider documentation dated 8-28-15 noted the work status as return to modified work 8-28-15. Treatment has included status post hand surgery (6-3-15), hand therapy, home exercise program, Ibuprofen, and Norco. Objective findings dated 8-28-15 were notable for left wrist tender, swollen, with reduced and painful range of motion. The original utilization review (9-18-15) denied a request for Left wrist ulnar styloid fracture bone removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist ulnar styloid fracture bone removal: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation J Bone Joint Surg Br. 2009 Jan; 91 (1): 102-7. doi: 10.1302/0301-620X.91B1.21026. The effect of an associated ulnar styloid fracture on the outcome after fixation of a fracture of the distal radius. Zenke Y1, Sakai A, Oshige T, Moritani S, Nakamura T.J Hand Surg Am. 2013 Mar; 38 (3): 526-31. doi: 10.1016/j.jhsa.2012.12.006. Epub 2013 Feb 4. Nonunion of the ulnar styloid associated with distal radius malunion. Ozasa Y1, Iba K, Oki G, Sonoda T, Yamashita T, Wada T. Injury. 2014 Dec; 45 (12): 1889-95. doi: 10.1016/j.injury.2014.08.007. Epub 2014 Aug 13. Ulnar styloid process nonunion and outcome in patients with a distal radius fracture: a meta-analysis of comparative clinical trials. Wijffels MM1, Keizer J2, Buijze GA3, Zenke Y4, Krijnen P2, Schep NW5, Schipper IB2.

Decision rationale: This is a request for surgical removal of a fragment of an ulnar styloid fragment which was fractured off 20 years ago. Records indicate a 2014 accident aggravated symptoms in the wrist. Multiple imaging studies including March 9, 2015 x-rays, March 11, 2015 CT scanning and April 7, 2015 MRI document the old ulnar non-union which was noted to be pre-existing before the 2014 accident and on which the surgeon commented on April 14, 2015, "I think patient's pain is not related to the fracture patient had 20 years ago." Surgery was performed on June 3, 2015 for trimming of the TFC ligament, which is immediately adjacent and attached to the ulnar styloid fragment. The surgeon noted on September 11, 2015, "I am not quite sure why patient still has that much pain" and notes removing ulnar styloid fragment, "may or may not help." Ulnar styloid fractures are not typically surgically treated by fixation or removal. They are common in association with distal radius fractures and multiple studies have found that the presence of the ulnar styloid fracture or non-union does not adversely affect the outcome (references above). It is improbable that the ulnar fragment which has been in the wrist for 20 years is the source of persistent pain; rather, the recent wrist surgery is a much more probable source of symptoms. There is no scientific evidence of proposed surgery would be beneficial; the available evidence suggests the proposed surgery is unlikely to provide functional improvement to justify the risks and pain.