

Case Number:	CM15-0020679		
Date Assigned:	02/10/2015	Date of Injury:	01/26/2011
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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: Illinois, California, Texas
 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:

This 50-year-old male sustained a work related injury on 01/26/11 caused by cumulative trauma while working as a technician and performing cable work. Conservative treatment had included splinting and physical therapy. The 1/8/15 treating physician report cited constant bilateral hand and wrist pain. There was difficulty with motion, stiffness and limited flexion-extension and moderate to severe pain with pronation, supination and rotation. Conservative treatment had not provided significant relief. Physical exam documented diffuse soft tissue swelling with circumferential tenderness in both hands and wrists. There was more specific pain in the ulnar aspect of the wrist. There was normal hand and finger range of motion, with no muscle atrophy or neurologic deficits. Bilateral wrist range of motion was dorsiflexion 35, volar flexion 30, radial deviation 20, and ulnar deviation 20 degrees. Bilateral wrist x-rays showed severe degeneration with partial carpal collapse. There was bilateral positive ulnar variance, right greater than left. There was severe obliteration of all joint articular surface intervals within the carpus, as well as the radiocarpal joint. Diagnosis was documented as bilateral wrist degenerative arthropathy. The injured worker was to continue with normal activities in the supervisory position without significant heavy lifting greater than 10 pounds. The treatment plan include a discussion of various surgical approaches. The injured worker was reluctant to undergo a total wrist fusion that would severely limit his wrist flexion and extension. Two additional procedures were discussed including the Darrach (distal ulnar resection) versus the Sauve-Kapandji procedure that would include partial ulnar resection and allow for distal radioulnar joint arthrodesis. The treating physician report opined that the Darrach procedure might be more

helpful to eliminate ulnar wrist pain. Initial treatment would be provided on the left side, followed by a similar procedure on the right side if he had a good response. On 1/19/15, Utilization Review had non-certified a request for a left total wrist fusion. The California MTUS ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left total wrist fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Arthrodesis

Decision rationale: The California MTUS guidelines do not provide recommendations for wrist fusion. The Official Disability Guidelines recommend arthrodesis of the wrist, thumb or digit after 6 months of conservative treatment to relieve the pain of post-traumatic wrist arthritis. 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 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. Guideline criteria have not been met. There is no current evidence of a fixed painful joint deformity, instability or loss of motor. The injured worker has expressed a desire to maintain wrist function, and expressed reluctant at losing wrist flexion and extension. Multiple procedures were discussed and it is not clear that total wrist fusion was fully supported by the injured worker or the surgeon. Recent reasonable non-operative (and operative options) have not been tried and failed or detailed as not being plausible. Therefore, this request is not medically necessary at this time.