

Case Number:	CM15-0222858		
Date Assigned:	11/18/2015	Date of Injury:	09/28/2007
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/12/2015

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 injured worker is a 63-year-old female who sustained an industrial injury on 9/28/07. Injury occurred when she tripped over a dog and fell on her right hand. X-rays demonstrated a comminuted non-displaced fracture of the distal radius. She underwent a right wrist arthroscopy with triangular fibrocartilage complex (TFCC) debridement, revision carpal tunnel release, distal scaphoid resection, right radioscapholunate fusion with bone graft, and posterior interosseous neurectomy on 10/30/14. The 4/28/15 right upper extremity MRI impression documented status post radioscaphocapitate fusion with hardware in place. There was complete rupture of the articular disc of the TFCC with evidence of ulnar triquetral abutment with cystic change and mild edema noted in the proximal triquetrum and in the fovea of the styloid. Findings were suggestive of median neuritis. A review of the medical records indicated that the injured worker was undergoing treatments for right 2nd carpometacarpal (CMC) joint and right distal radioulnar joint osteoarthritis. Conservative treatment had included injection therapy, medications, splinting, and activity modification. The 8/31/15 treating physician report cited persistent right wrist pain and pain along the thenar eminence, base of the 2nd metacarpal, and the ulnocarpal joint. She reported improvement in pain following injections, and her symptoms reoccurred. She denied any catching or locking. The pain over the radiocarpal joint had subsided following the radiocarpal fusion, but the other symptoms had persisted. Pain was minor at rest, but any activity or use caused a flare-up with progression in symptoms over the last 3 to 4 months. Physical exam documented the 2nd CMC joint was quite tender to palpation with no instability. There was a ridge of bone palpated dorsally, likely consistent with osteophyte formation. There was

discomfort to palpation of the distal radioulnar joint. Ulnar deviation and TFCC loading worsened her pain. Pronation and supination were uncomfortable. The thumb basilar joint was tender with mild instability but this was not her most significant discomfort. X-rays of the right hand were obtained and showed narrowing of the very dorsal aspect of the 2nd CMC joint. There was osteophyte formation along the thumb basilar joint but the joint space was relatively well preserved. The diagnosis was osteoarthritis of the right distal radioulnar joint and 2nd CMC joint, with likely early arthritis of the thumb basilar joint. The treatment plan recommended fusion of the 2nd CMC joint and arthroplasty of the distal radioulnar joint versus Sauve-Kapandji procedure. Work status indicated that the injured worker could return to work but should avoid any forceful grasping activities. Authorization was requested for right wrist ulna arthroplasty and 1st CMC joint fusion. The 10/15/15 utilization review modified the request for right wrist ulna arthroplasty and 1st CMC joint fusion to right wrist ulna arthroplasty and 2nd CMC joint fusion consistent with the medical records and treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Ulna Arthroplasty and 1st CMC Joint Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS 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: Arthrodesis; Arthroplasty, distal radioulnar joint (DRUJ).

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who fail 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. The Official Disability Guidelines recommend hand or wrist fixation for severe posttraumatic arthritis, painful joint deformity, instability or loss of motor function failing 6 months of conservative treatment. The ODG recommend arthroplasty of the distal radioulnar joint as an option for wrist pain from rheumatoid arthritis after 12 months of conservative treatment. There are no quality prospective studies, but a variety of lower quality case series, primarily covering use for rheumatoid arthritis, but there is insufficient evidence for use in other diagnoses. Guideline criteria have been met for right wrist ulna arthroplasty and 2nd CMC joint fusion. The injured worker presents with persistent and function-limiting right hand/wrist pain. Clinical exam findings were consistent with imaging evidence of right distal radioulnar joint and 2nd CMC joint osteoarthritis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The 10/15/15 utilization review modified this request for right wrist ulnar arthroplasty and 1st CMC joint fusion to right wrist ulna arthroplasty and 2nd CMC joint fusion. This is consistent with the documented treating physician diagnosis and treatment plan. There is no evidence to support a 1st CMC joint fusion. Therefore, this request is not medically necessary.