

<b>Case Number:</b>	CM15-0051057		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Minnesota, Florida  
 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:

The injured worker is a 25 year old male, who sustained an industrial injury on October 3, 2014. The injured worker reported left wrist pain localized to the distal ulna. The injured worker was diagnosed as having a non-union of the ulnar styloid. Treatment and diagnostic studies to date have included x-ray, CAT scan, ice, wrist brace, and medication. An orthopedic progress note dated January 30, 2015 documented the injured worker complains of left wrist pain over the ulnar styloid. Physical exam notes swelling and significant tenderness. The CT scan was reviewed. The plan includes surgical excision of the ununited small fragment of the ulnar styloid and physical therapy. This was non-certified by utilization review as there was no injection of the nonunion site with local anesthetic to confirm the diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Partial bone excision, left wrist:** Overturned

**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, Radius/ulna fracture surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Journal of Hand Surgery 1996 May; 21(3): 418-22 Classification and treatment of ulnar styloid non-union.

**Decision rationale:** California MTUS guidelines recommend surgical considerations for 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 injured worker does have clinical and imaging evidence of a nonunion of the ulnar styloid which is symptomatic. He has localized pain and tenderness over the ulnar styloid. The diagnosis is confirmed by the CT scan. The injured worker presented with ulnar wrist pain after the industrial injury of 10/3/2014. He was treated with a wrist brace and medications. The CT scan of 12/19/2014 revealed an old fracture through the base of the ulnar styloid with nonunion and minimal 1 mm separation of fragment. The distal radius was intact. There was a well corticated ossicle at the distal aspect of the scaphoid dorsally that measured 9 mm in greatest dimension, separated from the remainder of the scaphoid by 1 mm, most likely related to remote injury. No acute fracture was seen. The Radiologist indicated that this could represent an accessory ossicle given the well defined margins. On examination the tenderness was localized to the distal ulna but the distal radioulnar joint was nontender. There was a negative scaphoid shift test and negative distal radioulnar joint ballottement test. The diagnosis was symptomatic ulnar styloid nonunion. The fragment was relatively small and so surgical excision of the ununited fragment was recommended. Symptomatic nonunion of the ulnar styloid is an uncommon problem that is usually best treated by simple excision of the ulnar styloid fragment. 2 types of ulnar styloid non-unions are described. Type I is defined as a nonunion associated with a stable distal radioulnar joint. Type II is defined as a nonunion associated with subluxation of the distal radioulnar joint. The procedure was associated with a satisfactory outcome with relief of pain in all patients. The injured worker does have evidence of a symptomatic nonunion of the ulnar styloid with localized tenderness and pain. The diagnosis is based on the clinical findings which are corroborated by CT findings. The distal radioulnar joint is intact. The provider has recommended a simple excision of the ununited ulnar styloid fragment. This request is medically necessary.