

<b>Case Number:</b>	CM15-0058773		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/24/2001
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 68-year-old male, who sustained an industrial injury on 11/24/2001. The mechanism of injury is not indicated. The injured worker was diagnosed as having left cubital tunnel syndrome, left ulnar nerve subluxation cubital tunnel, left basal joint degenerative traumatic arthritis, left carpal tunnel syndrome, left index and long finger tendinitis without triggering, right ulnar nerve subluxation cubital tunnel, and right basal joint degenerative traumatic arthritis. Treatment to date has included x-rays, surgery, electrodiagnostic studies. The request is for wrist surgery, and long arm splint. On 11/18/2014, he reported his bilateral shoulders to be feeling better and the pain had been reduced after surgery. The treatment plan included: continuing Motrin, and follow up in 6 weeks. On 2/3/2015, he was seen for left shoulder pain rated 4/10, right shoulder pain rated 3/10, left wrist pain rated 6/10, and left knee pain rated 2/10. The treatment plan included computed tomography scan of the left wrist. On 3/20/2015, he complained of continuing left wrist pain. The treatment plan included total wrist arthroplasty revision. Electrodiagnostic studies from 2/13/15 note moderate bilateral carpal tunnel syndrome at the wrist, moderate bilateral ulnar neuropathy at the wrist and bilateral cervical radiculopathy C6, C7 and C8. CT scan of the left wrist dated 2/17/15 notes prosthetic loosening of the radial prosthesis and carpometacarpal prosthesis. UR review notes lack of documentation of radiographic studies and electrodiagnostic reports and recent conservative management including physical therapy. "As such, the surgery is on hold pending the completion of those studies."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Excision distal ulna partial, arthrotomy wrist joint exploration, synovectomy, radical excision of bursa, dorsal transposition retinaculum, removal of wrist prosthesis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, and hand.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The patient is a 68-year-old male with a history of left total wrist arthroplasty who is documented to have left wrist pain with signs of prosthetic loosening confirmed on CT scan evaluation. In addition, the patient has signs and symptoms of moderate bilateral carpal tunnel syndrome and moderate bilateral ulnar neuropathy at the wrist that is supported by electrodiagnostic studies. A request was made for multiple procedures for treatment. Based on the entirety of the medical record, the patient requires surgical intervention for his apparent failure of his previous wrist arthroplasty. Based on the requested procedures, it appears that some of the requested procedures should be bundled into the total wrist revision arthroplasty as requested below. Arthrotomy and removal of wrist prosthesis should be a part of the total wrist revision arthroplasty. Therefore, these procedures should not be considered medically necessary, due to the fact that total wrist revision arthroplasty is considered medically necessary as reasoned below. Additional excision of the distal ulna as well as the other procedures could be re-requested and considered on an individual basis. From ACOEM, Chapter 11, page 270, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature. Fail to respond to conservative management, including worksite modifications. 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. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. This request is not medically necessary.

**Total wrist revision of arthroplasty wrist joint, synovectomy extensor tendon sheath, wrist single 3rd and 4th compartment, arthroplasty entire carpus total wrist, bone graft major and large, capsulorrhaphy wrist, synovectomy, repair, neurolysis dorsal sans BR ulnar and median nerve, left wrist, inje:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Total wrist fusion, total wrist arthroplasty.

**Decision rationale:** The patient is a 68-year-old male with a history of left total wrist arthroplasty who is documented to have left wrist pain with signs of prosthetic loosening confirmed on CT scan evaluation. In addition, the patient has signs and symptoms of moderate bilateral carpal tunnel syndrome and moderate bilateral ulnar neuropathy at the wrist that is supported by electrodiagnostic studies. A request was made for multiple procedures for treatment. Based on the entirety of the medical record, the patient requires surgical intervention for his apparent failure of his previous wrist arthroplasty. This satisfies the UR review findings that the radiographic studies need to be completed prior to certification for surgery. With loosening of the hardware, further physical therapy may worsen the situation and would not appear appropriate. The patient has signs that his previous wrist arthroplasty is apparently failing and thus surgical intervention is medically necessary on a relatively urgent basis. As discussed by the requesting surgeon, if there is not adequate bone stock for the arthroplasty, a total wrist fusion may be necessary. In addition, as the patient has signs and symptoms of moderate carpal tunnel syndrome and moderate ulnar neuropathy at the wrist that is supported by electrodiagnostic studies, it is medically necessary and reasonable to perform respective releases at the same time. Therefore, the above procedures should be considered medically necessary. From ODG with respect to wrist fusion, it is "recommended in severe posttraumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. 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 (fusion) provides a pain-free stable joint with a sacrifice of motion. It 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." From ODG, with respect to wrist arthroplasty: Every effort should be made to preserve the maximum pain free movement of the joint, and arthroplasty (artificial joint replacement) provides improved stability and earlier motion, but complications are common and include implant fracture, lateral instability of the PIP joint, and, occasionally, synovitis. (Ellis, 1989) (Lourie, 2001) (Edmunds, 1994) Because of long-term deterioration, including an unacceptable revision rate (over 90% requiring a salvage procedure where the prosthesis was removed and an arthrodesis was performed); we currently do not consider the wrist prosthesis to be suitable in patients with rheumatoid arthritis. (Radmer, 2003) With the advent of newer prosthetic designs, total wrist arthroplasty may provide a functional range of motion, better wrist balance, reduced risk of loosening, and better implant stability. Candidates for total wrist arthroplasty might be patients who exhibit far advanced disease at the wrist and who might be considered as candidates for arthrodesis, but in whom the permanent loss of motion would represent a significant handicap. With bilateral disease, a combination of a total wrist arthroplasty and a contralateral total wrist fusion may be an option. Numerous implants have been used; however, major complications of implant loosening and wear of the components are common. (Adams, 2004)

**Associated surgical service: Application long arm splint:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, splint.

**Decision rationale:** As the total wrist arthroplasty versus possible fusion was considered medically necessary, a postoperative long arm splint should be considered medically necessary.