

<b>Case Number:</b>	CM14-0124754		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 57-year-old male who sustained a vocational injury on 11/07/13 working as a maintenance assistant. The medical records provided for review included the office note dated 06/09/14 that noted that the injured worker had recurrent swelling in the dorsum of the wrist with discomfort in the dorsal and ulnar aspect of the wrist greater more than the radial wrist. Physical examination revealed no deformity of the right hand or wrist, no tenderness over the first extensor compartment and a negative Finkelstein's test. There was tenderness over the dorsum of the radiocarpal joint, crepitus with passive radiocarpal motion with restriction terminal 15 to 20 degrees of flexion and 10 degrees of flexion. Fluoroscopic examination showed marked widening of the scapholunate interval with rotary subluxation of the scaphoid. There was a questionable slight loss of cartilage space, little capitate articulation. There was a dorsal tip of the lunate on the lateral view. An incidental view of the left wrist showed similar widening scapholunate interval to a lesser degree. The report of an MRI of the right wrist from 01/14/14 showed minimal signal change and possible minimal edema into the flexor carpi radialis muscle and tendon. There were three tiny cystic degenerations; otherwise, the right wrist MRI was noted to be within normal limits. The injured worker was given a diagnosis of posttraumatic arthropathy with right wrist scapholunate disassociation, rotary subluxation, scaphoid and De Quervain's tendinitis. The wrist had been injected in December of 2013 and the injured worker had no ongoing complaints. Conservative treatment to date includes rest, ice, compression, elevation, Ibuprofen, cold and warm compresses, wrist brace, and physical therapy. This review is for a right wrist diagnostic arthroscopy, possible arthroscopic synovectomy, possible open SLIL repair with reverse plaque capsulodesis and application of a splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist diagnosis arthroscopy, possible arthroscopic synovectomy, possible open SLIL repair with reverse Blatt capsulodesis, application of splint:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wheeler's Textbook of Orthopedics, Online.

**Decision rationale:** The ACOEM Guidelines state that prior to surgical intervention in the wrist and hand there should be 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 Wheeler's textbook of Orthopedics online notes that a true scapholunate disassociation has two out of three ligaments significantly injured. Previous documentation has recommended an MR arthrogram of the right wrist to confirm true scapholunate interosseous ligament disassociation. Currently, there is no convincing documentation either on physical exam or diagnostic study, which confirms scapholunate interosseous ligament disassociation and pathology. Based on the documentation presented for review and in accordance with MTUS ACOEM Guidelines and Wheeler's textbook of Orthopedics online guidelines, the request is not medically necessary.

**Pre-op medical clearance/labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op physical therapy, right wrist (3x4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.