Case Number:	CM14-0130439		
Date Assigned:	08/20/2014	**Date of Injury:**	06/07/2011
Decision Date:	09/18/2014	**UR Denial Date:**	08/11/2014
Priority:	Standard	**Application Received:**	08/14/2014

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, North Carolina, and Virginia. 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:

The patient is a 30 year old male with a reported date of injury on 6/7/11 to the left wrist who requested authorization for left arthroscopy and radial styloidectomy. Documentation from 7/30/14 from the requesting surgeon notes that the patient is seen for the left wrist and hand. He had undergone previous surgical treatment in April 2013 with 1st extensor release and tenosynovectomy followed by 24 visits of physical therapy. He has had previous injection of his wrist. Stated CT scan results showed some widening along the scapholunate ligament. MRI did not show a tear. Arthrogram with MRI enhancement showed a TFCC partial injury with no tear of the scapholunate ligament. Non-operative therapy has included splinting, hot/cold therapy and a TENS unit. Examination notes tenderness along the radial styloid, satisfactory wrist motion and decreased grip strength. Fluoroscopic exam did not reveal any major spurring of the radioscaphoid area. His stated diagnosis is wrist joint inflammation along the radioscaphoid joint. MR arthrogram showed the joint to be intact but some abnormality along the TFCC which is not the area of injury. The patient has some widening of the scapholunate on X-Ray and CT but not on MR. Since the patient had had short-term relief with injection, recommendation was made for radial arthroscopy and radial styloidectomy. Activity modification and thumb Spica splint was recommended. Qualified medical examination dated 7/17/14 noted the patient's condition has worsened with increased wrist stiffness and weakness. Examination notes wrist tenderness consistent with intercarpal pain and decreased grip strength. The patient's stated diagnosis is a complex strain of the distal carpal row of the left wrist, untreated. Recommendation is made for evaluation and treatment by a hand surgeon. At this point the treatment is likely to be surgical. Documentation from 6/24/14 notes the patient is seen with increased pain of the left wrist and weakness. Examination notes limited range of motion of the left hand due to pain. Stated imaging findings of MR from 6/2/14 notes intact intrinsic

scapholunate ligament and probable partial tear of the TFCC cartilage. He is diagnosed with left wrist sprain involving the radial styloid, tenosynovitis along the first extensor compartment status post release and intersection syndrome along the distal forearm. Recommendations were made for continued medical management of his pain; appeal the denial for physical therapy and activity restriction. CT report of the left wrist dated 6/2/14 notes that there is mild widening of the scapholunate ligament without evidence of scapholunate advanced collapse. There are no fractures and the joint spaces are preserved. Documentation from 5/23/14 notes the patient has daily wrist pain with frequent numbness and tingling. Examination notes limited range of motion of the left wrist due to pain and stiffness. Continued non-operative management was recommended. Previous documentation from the requesting surgeon notes similar findings of left wrist pain and weakness. The surgeon has been undergoing non-operative management and work-up of his pain with imaging studies. Documentation from 1/14/13 notes the patient with evidence of 1st dorsal compartment syndrome and recommended surgical release that was performed on 4/4/13. Utilization review dated 8/11/14 did not certify the procedure of left wrist arthroscopy with radial styloidectomy. Reasoning given was that 'The clinical findings are not corroborated by diagnostic studies to indicate a lesion that would benefit from surgery.' Per the cited article, the use of a radial styloidectomy is indicated in patients who have a SLAC or SNAC wrist. This patient is not documented to have these wrist conditions.' In addition; the patient was recommended to see a Hand Surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist Arthroscopy and Styloidectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

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, Diagnostic Arthroscopy Other Medical Treatment Guideline or Medical Evidence: Chirag M. Shah and Peter J. Stern, 'Scapholunate advanced collapse(SLAC) and scaphoid nonunion advanced collapse(SNAC) wrist arthritis.' Curr Rev Musculoskelet Med. Mar 2013; 6(1): 9-17 Scott W. Wolfe, Robert N. Hotchkiss, William C. Pederson, and Scott H. Kozin, Green's Operative Hand Surgery , Sixth Edition, 2011. Chapter 19, Wrist arthroscopy, pages 709-741.David J. Slutsky, and Daniel J. Nagle. Techniques in Wrist and Hand Arthroscopy , First Edition CHAPTER 24, 197-202.

Decision rationale: The patient is a 30 year old male with ongoing left wrist pain and loss of function. With failure of non-operative management including injection, medical management and splinting, the treating surgeon recommended left wrist arthroscopy with radial

styloidectomy. The exact cause of the patient's continued left wrist pain is not clear in the medical documentation reviewed. From ODG, forearm, wrist and hand, there may be an indication for diagnostic arthroscopy: Recommended as an option if negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. This study assessed the role of diagnostic arthroscopy following a wrist injury in patients with normal standard radiographs, an unclear clinical diagnosis and persistent severe pain at 4 to 12 weeks. Patients with marked persistent post-traumatic symptoms despite conservative management are likely to have sustained ligament injuries despite normal radiographs. It is recommended that under these circumstances an arthroscopy may be carried out as soon as 4 weeks if the patient and surgeon wish to acutely repair significant ligament injuries. (Adolfsson, 2004) However, the request is for an arthroscopic radial styloidectomy which is not specifically addressed by ODG. As documented in the utilization review radial styloidectomy may be indicated in early cases of SLAC and SNAC wrist. As pointed out in the review, the patient is not been documented to have evidence of either one of these conditions. On radiographic studies, the patient is only noted to have mild widening of the scapholunate ligament. The CT exam specifically reported that there was no evidence of SLAC. In addition, from Green's Operative Hand Surgery, Chapter 19, wrist arthroscopy, indications for radial styloidectomy are given: Arthroscopic radial styloidectomy is a minimally ablative procedure for radioscaphoid degenerative arthritis that may provide short-term relief of mechanical pain from radial styloid impingement. It is an acceptable alternative to more aggressive "salvage" procedures in patients with low functional demands or those who wish to defer more definitive treatment.Again, the patient is not documented to have radioscaphoid arthritis. From the third reference Chapter 24 in Techniques in Wrist and Hand Arthroscopy indications are provided as well:The indications for an arthroscopic radial styloidectomy are similar to the open procedure. Radial styloid impingement due to radioscaphoid arthritis is a common indication. This is often a consequence of long-standing scapholunate dissociation or end-stage Kienbock's disease. Culp et al. suggest that patients who have painful radial deviation and a positive Watson test but have preserved wrist motion and good grip strength are ideal candidates. Chronic scaphoid nonunion, in which the hypertrophic distal scaphoid fragment impinges against the radial styloid during wrist radial deviation, is another common indication. If an attempt is made to internally fix the scaphoid, this impingement must be addressed. Resection of the distal scaphoid fragment will obviate the need for a radial styloidectomy. Secondary radial styloid impingement is a common sequella of a scaphotrapeziotrapezoidal (STT) fusion when it is used to treat rotary subluxation of the scaphoid or scaphotrapezial osteoarthritis (OA). Watson observed this in more than a third of his patients and now recommends a radial styloidectomy at the time of STT fusion. Impingement may also occur following a capitolunate joint fusion, which should be checked for at the time of surgery. Occasionally a limited styloidectomy is performed at the time of a proximal row carpectomy for treatment of radiocarpal OA. The patient does not satisfy these similar conditions as well. As stated there is no evidence of radioscaphoid arthritis, or as part of a SLAC of SNAC condition. The patient does not have a history of scaphoid fracture and the radiographic evaluations have not provided clear evidence that a radial styloidectomy is indicated. Thus, the utilization review was correct in its determination and medical necessity has not been established.

Pre-Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.

H& P (History & Physical), CBC (Complete Blood Count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.

EKG (Electrocardiogram),Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.

Polar Care 21 Day Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.

Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.

Amoxicillin 875mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.

Zofran 8mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.

Neurontin 600mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nvbi.nlm.nih.gov/pmc/articles/PMC3702758/CURRENT REVISED MUSCULOSKELET MED. MAR 2013;6(1):9-17.PUBLISHED ONLINE JAN 17,2013, DOI: 10.2007/S12178-012-9149-4PMCID:PMC3702758SCAPHOLUNATE ADVANCED COLLAPSE (SLAC) AND SCAPHOID NONUNION ADVANCED COLLAPSE (SNAC) WRIST ARTHRITIS. CHIRAG M. SHAH AND PETER J STERN.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgery was not deemed medically necessary this is not necessary as well.