

Case Number:	CM14-0184879		
Date Assigned:	11/12/2014	Date of Injury:	03/07/2013
Decision Date:	12/30/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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:

50-year-old injured worker with reported industry injury of March 7, 2013. Diagnosis is made of carpal tunnel syndrome, scaphoid fracture the right wrist and osteoarthritis of the right wrist. Radiographs April 30, 2014 of the wrist demonstrate sclerosis around the wrist fracture and increased density over the proximal pole of the scaphoid. Exam noted May 15th 2014 demonstrate normal nerve conduction studies. Radiographs the scaphoid showed evidence of nonunion. Examination from July 1, 2014 describes 2-point discrimination greater than median nerve distribution. Wrist motion is limited to 50 of flexion and extension of 40. Radial scaphoid arthritis is noted be present as well as a reported nonunion of scaphoid with right carpal tunnel syndrome. MRI of the wrist from August 20, 2014 demonstrates a degree of nonunion of the scaphoid fracture with cystic changes with osteonecrosis described. Exam note 10/6/14 demonstrates early degenerative changes of the radioscapoid articulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Vascularized Bone Graft of the right scaphoid, bilateral wrist: Upheld

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

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, 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 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. 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. In this case the exam notes demonstrate evidence of radioscaphoid arthritis which would preclude a vascularized bone graft. Therefore the determination is not medically necessary.