MAXIMUS Federal Services

Case Number:	CM14-0218825		
Date Assigned:	01/08/2015	Date of Injury:	08/07/2011
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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:

This 66 year old female was a nurse when she sustained an injury on August 7, 2011. The injured worker tried to sit on a stool. The stool moved to the side and she fell to the floor. She reported low back and left thumb and wrist. Past treatment included activity modification, wrist brace, medication, acupuncture, physical therapy, occupational therapy, and chiropractic therapy. On June 20, 2013, a left wrist MRI revealed a ruptured ligament, subchondral erosions and edema of lesser multangular and navicular-lunate, and intact triangular fibrocartilage complex. On May 20, 2014, the injured worker underwent a left 4th compartment extensor tenosynovectomy, and repair of the extensor indicis and extensor digitorum-2 tendons. The records refer to prior courses of acupuncture, occupational therapy, and chiropractic therapy, but do not provide specific dates of service or results. The records show 34 sessions of physical therapy with manual range of motion, soft tissue mobilization, and electrical simulation from May 5, 2014 to September 4, 2014. On September 25, 2014, the treating physician noted left wrist pain with loss of range of motion. The physical exam revealed well-healed scar plus four port scars over the left wrist dorsum and mild swelling of the dorsal hand/wrist. The range of motion of the fingers was full, except for the index finger. There was moderate loss of range of motion on that finger. There was significant loss of left wrist extension with limited flexion with pain, and overall loss of in ulnar and radial deviation. There was a small degree of loss of supination of the forearm, but demonstrates full pronation. The left hand grip strength was significantly decreased. Diagnoses were arthroscopic procedure with subsequent rupture of extensor tendons to the index finger with secondary repair with significant stiffness, scapholunate tear with scapholunate

dissociation and significant arthritic degenerative changes of the radiocarpal joint and metocarpotrapezial joint. The physician recommended left wrist surgery. On November 18, 2014, the treating physician noted continuing, moderate pain with weakness, ache, and soreness. The physical exam of the left wrist revealed a postoperative scar over the wrist dorsum, slight wrist joint swelling, and decreased range of motion. There was decreased range of motion of the index finger. The injured worker was using a left wrist splint. The diagnosis status post arthroscopy/debridement with triangular fibrocartilage complex repair with resultant postoperative possible rupture of the extensor tendon of the index finger on April 21, 2014. The physician recommended continuing the current pain and muscle relaxant medication. The injured worker was temporarily totally disabled. Previous radiographic studies(MRI) noted diffuse degenerative changes in the wrist.On December 5, 2014, Utilization Review non-certified followed by left wrist total fusion requested on November 18, 2014. The followed by left wrist total fusion was non-certified based on lack of evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure and the ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation), Official Disability Guidelines (ODG) Treatment; Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist, and Hand was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist total fusion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter

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, & Hand (Acute & Chronic), Arthrodesis, Fusion

Decision rationale: The patient is a 66 year old female with chronic left wrist pain and decreased range of motion after previous injury who had undergone previous arthroscopic surgery on April 21, 2014. She is noted to have undergone splinting,extensive physical therapy, home exercise program, medical management, activity modification and previous wrist surgery to treat her chronic condition. In addition, the patient was certified for left index finger extensor tenolysis due to lack of motion of the index finger and previous injury/repair. Following this procedure, complete wrist fusion was recommended due to continued chronic left wrist pain with diffuse degenerative changes of the wrist and loss of function.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. The patient is noted to have failed extensive conservative management that began shortly after her previous wrist surgery, which easily exceeds 6 months of conservative management. The patient has chronic wrist pain associated with diffuse degenerative changes of the wrist. The utilization review had stated the there was not evidence of a recent, reasonable and comprehensive conservative management program that had been completed and failed. However, the medical records provided for this review support that this had been completed. The patient is well-documented to have undergone extensive physical therapy following her previous wrist surgery, splinting, a home exercise program, medical management and activity modification. Complete wrist fusion is a salvage procedure to decrease pain, and thereby increase function. Motion is sacrificed. In summary, the patient is clearly documented to have severe chronic left wrist pain that has failed both non-operative and operative measures. Based on the status of the left wrist degenerative arthritic findings from previous radiographic studies and overall failure of non-operative and operative treatment, total wrist fusion would be medically necessary for treatment.