

<b>Case Number:</b>	CM14-0071916		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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: California

Certification(s)/Specialty: Orthopedic 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 an 82-year-old male who sustained an industrial injury on October 10, 2012. He reported an injury to his knees, left arm and low back. Previous treatment includes knee braces, home exercise program, chiropractic therapy, imaging of the lumbar spine, physical therapy, aqua therapy and medications. An evaluation on September 16, 2014 revealed the injured worker continued with pain in his left wrist. He had slight stiffness in the left wrist and pain with range of motion. Slight swelling was noted and moderated tenderness at the left DRU joint. His grip strength was diminished. Diagnoses associated with the request include status post left wrist sprain/strain, left distal radial ulnar joint arthrosis, and early left radial carpal joint arthrosis. The treatment plan includes left distal radial ulnar joint hemi resection interpositional arthroplasty and stabilization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One left distal radioulnar joint hemi-resection interpositional arthroplasty and stabilization:** 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.

**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. 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 is 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 note from 9/16/14 does not demonstrate any evidence of red flag condition or clear lesion in this 82 year old shown to benefit from left distal radioulnar joint hemi-resection interpositional arthroplasty. Therefore the determination is not medically necessary.