

<b>Case Number:</b>	CM15-0011957		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Illinois, California, Texas  
 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 a 62-year-old male, who sustained an industrial injury on 7/8/13. Injury occurred while he was moving a ladder and stepped into a hole, causing a fall. He underwent right wrist lunotriquetral ligament with extensor carpi ulnaris tendon graft and arthroscopic debridement of a triangular fibrocartilage complex (TFCC) tear on 12/20/13. The 10/21/14 right wrist x-rays showed normal carpal alignment. There appeared to be a suture anchor that may have pulled out of the lunate and may be in the mid-carpal joint. The 11/7/14 right wrist CT scan documented metallic orthopedic hardware overlying the lunate bone with clinical correlation recommended. There were cystic changes along the lunate and triquetral bone, as well as in the body of the hamate. Conservative treatment has included physical therapy, injection, activity modification, bracing, and medications. The 12/18/14 treating physician report cited persistent right wrist pain despite conservative treatment of activity modification and bracing. Bilateral wrist range of motion (right/left) was dorsiflexion 65/65, volar flexion 50/60, radial deviation 5/25, and coordination 15/35. Grip strength was 50/95 pounds. There was good stability of the lunotriquetral joint and distal radioulnar joint. There was persistent ulnar sided wrist pain. The CT scan showed suture anchors in the lunate with no evidence of migration since surgery. There was early arthritis between the lunate and hamate joint, and at the radial carpal joint. He had a type II lunate. There might be a fracture through the screw hole from the previous ligament reconstruction surgery. The treatment plan recommended a lunotriquetral arthrodesis. A request was submitted on 12/22/14 for right wrist radiolunate arthrodesis and iliac bone graft. On December 29, 2014, Utilization Review non-certified a request for right wrist radiolunate

arthrodesis and iliac bone graft, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2013, the injured worker submitted an application for IMR for review of requested right wrist radiolunate arthrodesis and iliac bone graft.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **R Wrist Radiolunate Arthrodesis and Iliac Bone Graft: Upheld**

**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 (updated 11/13/14), Arthrodesis (fusion), and <http://ncbi.nlm.nih.gov/pubmed/8294822>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Arthrodesis (fusion)

**Decision rationale:** The California MTUS guidelines do not provide specific recommendation for wrist arthrodesis. The Official Disability Guidelines recommend arthrodesis in severe posttraumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. There is a discrepancy between the reported treatment plan and the requested surgery. The clinical exam of 12/28/14 cited a possible fracture of the lunate through a previously placed screw hole, findings of a type II lunate with lunohamate arthrosis, and surgical recommendation for a lunotriquetral arthrodesis. This conflicts with the 12/22/14 surgical request for right wrist radiolunate arthrodesis. There is no imaging evidence of severe posttraumatic arthritis in the wrist. Therefore, this request is not medically necessary.