

Case Number:	CM15-0114472		
Date Assigned:	06/22/2015	Date of Injury:	04/28/2013
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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: California, Indiana, Oregon
 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 36 year old male, who sustained an industrial injury on 4/28/13. The injured worker was diagnosed as being status post left wrist scaphoidectomy, triquetrectomy, and capitulunate fusion with a moderate amount of pain and decreased range of motion. Treatment to date has included a wrist injection, physical therapy, and medication. Physical examination findings on 5/26/15 included a well-healed dorsal wrist incision with minimal swelling. Sensation was intact and motor function was intact. Grip strength was 5-/5. Currently, the injured worker complains of left wrist pain and loss of range of motion. The treating physician requested authorization for left wrist intercarpal fusion with bone graft and 8 post-operative occupational therapy sessions for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist intercarpal fusion with 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 and 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) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of wrist fusion. ODG hand and wrist is referenced. Wrist fusion is recommended for severe post-traumatic arthritis after 6 months of conservative care. Fusion is recommended as the most reliable especially in young people with anticipated heavy demands. Pain and dysfunction can persist. In this case the worker has significant symptoms associated with a failed SL ligament repair. It is unresponsive to a long period of non-fusion treatments. The radiographs on 2/5/15 are interpreted by the treating provider without comment on the degree if any of arthrosis of the radiocapitate joint. The fluoroscopy images submitted demonstrate post intracarpal fusion with no significant radiocarpal arthritis. Based on the lack of radiographic arthritis the request is not medically necessary as severe arthritis is not documented.

8 post-operative occupational therapy sessions for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.