

<b>Case Number:</b>	CM15-0116684		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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 72 year old male, who sustained an industrial injury on 3/1/09. The injured worker has complaints of right wrist pain. The documentation noted that there is tenderness to palpation which is moderately severe over the radial wrist and scapholunate region and mild tenderness over the ulnar wrist. The diagnoses have included right wrist osteoarthritis with disassociation at the scapholunate. Treatment to date has included cortisone injections; right wrist X-rays showed significant osteoarthritis and scapholunate disassociation with erosive changes of the scaphoid; anti-inflammatories; toradol for pain; bracing and magnetic resonance imaging (MRI) in 2009 showed evidence of scapholunate tear. The request was for Right wrist 4 corner arthrodesis with scaphoid excision; 12 post op physical therapy sessions for right wrist; pre-operative testing complete blood count and comprehensive metabolic panel; pre-operative testing electrocardiogram and chest X-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist 4 corner arthrodesis with scaphoid excision:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm Wrist & Hand.

**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 and Hand, Arthrodesis.

**Decision rationale:** Per ODG: Arthrodesis (fusion) Recommended in severe posttraumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. The patient has received steroid injections since February 2015 without symptomatic improvement. He has ongoing pain and X-rays that show severe arthritis. The request is consistent with ODG guidelines.

**12 post op physical therapy sessions for right wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** Per MTUS: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months. The patient has post-traumatic arthritis and is certified for four corner fusion. The request for 12 visits is medically necessary.

**Pre-op testing: CBC, CMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist and hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG- A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. The records do not document issues with anemia or anticipated significant blood loss.

**Pre-op testing: EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist and hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. The planned surgery is not high risk, and the records do not document any risk factors for heart disease, therefore is not medically necessary.

**Pre-op testing: Chest x-ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, wrist and hand.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Low Back updated 5/15/15.

**Decision rationale:** Per ODG: Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change per-operative management. Patients in their usual state of health who are undergoing cataract surgery do not require preoperative testing. The records do not document an increased risk of pulmonary complications. There is no documentation that CXR will change management, therefore is not medically necessary.