

Case Number:	CM15-0119685		
Date Assigned:	06/30/2015	Date of Injury:	05/30/2013
Decision Date:	07/30/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This injured worker is a 52-year-old male who sustained an industrial injury on 5/30/13. Injury occurred when he was struck from behind by a forklift which propelled him approximately 12 feet forward, and he fell onto his outstretched arms. Past surgical history was positive for right scapholunate ligament debridement and reconstruction and radiocarpal chondroplasty on 1/27/14, additional right wrist surgery (procedure not specified) on 5/19/14, and hardware removal on 6/30/14. The 2/10/15 x-rays obtained by the agreed medical examiner confirmed an element of a scapholunate dissociation which had been addressed via a repair with a retained stable across the joint. The remainder of the hand and wrist alignment was within normal limits. Records documented conservative treatment to include physical therapy from 6/21/13 through 7/8/13 with some improvement, medications, and wrist bracing. The 4/28/15 treating physician report cited a flare-up of right wrist pain and swelling relative to using a hammer and wringing out a rag. He reported that he was unable to make a fist and simultaneously apply pressure as with a torque or twisting motion. Grip strength was 110 pounds left and 60 pounds right. Physical exam documented crepitus at the radius scaphoid joint with translational forces and with torque. There was mild dorsal crepitus, no effusion, and decreased range of motion. Wrist strength was 5/5, but grip was 40% less than the contralateral side. Sensation was normal. X-rays showed that the ulnar flange had completely lost purchase on the lunate. The scapholunate gap had recurred, the lunate had rotated into a dorsiflexed position, and the scaphoid was in a volar flexed position. There was significant radial scaphoid arthritis. The treatment plan recommended excision of the scaphoid, realignment of the mid carpus, and fusion. The 5/27/15 treating physician report cited 6/10 right wrist pain, which was reported improved

since the last visit. He felt that Norco helped with pain, but ibuprofen, naproxen, and tramadol did not help. He had throbbing sharp pain with flexion, which was helped with his wrist brace. He had continued difficulty with supination/pronation. He had been approved for 3 visits of physical therapy. Right wrist exam documented no crepitus or effusion. There was moderate dorsal tenderness and pain with Watsons test. Wrist range of motion was decreased, but improved. Strength and sensation were normal. Special tests suggested radiocarpal osteoarthritis and mid-carpal instability, improved but recurrent. Grip strength was 90 pounds on the left and 60 pounds on the left. The impression was documented as right wrist degenerative joint disease, primarily scapholunate and radiocarpal joints, and recurrent DISI deformity. The treating physician reported x-ray evidence of pull out of the lunate fixation. He opined at this juncture, only a salvage procedure was indicated. The injured worker reported that he had improved as compared to his initial presentation but had pain that impacted many activities of daily living. Authorization was requested for right wrist four quadrant fusion and scaphoid excision, and 12 post-operative occupational therapy visits. The 6/16/15 utilization review non-certified the request for right wrist four quadrant fusion and scaphoid excision, and associate post-operative physical therapy, as there were no specific objective or radiographic findings of severe posttraumatic arthritis to warrant wrist fusion and scaphoid excision, and no detailed evidence of recent failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right wrist four quadrant fusion and scaphoid excision: 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.

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: Arthrodesis.

Decision rationale: The California MTUS guidelines do not provide recommendations for wrist fusion. The Official Disability Guidelines recommend arthrodesis of the wrist, thumb or digit after 6 months of conservative treatment to relieve the pain of post-traumatic wrist arthritis. 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 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. Guideline criteria have not been met. This injured worker presents with a flare-up of right wrist pain since April 2015, with some improvement. Clinical exam findings were consistent with reported imaging evidence of recurrent DISI deformity and degenerative joint disease. Imaging reportedly demonstrated of lunate fixation failure and not severe arthrosis. Detailed evidence of 6 months of a recent, reasonable and/or comprehensive

non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Twelve (12) post-operative occupational therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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