

Case Number:	CM15-0129429		
Date Assigned:	07/16/2015	Date of Injury:	12/26/2012
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/03/2015

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 51 year old female who sustained an industrial injury on December 26, 2012. She has reported bilateral wrist pain and has been diagnosed with derangement of the hand and wrist, enthesopathy, right wrist, sprain and strain of the right wrist, and avascular necrosis right lunate Klenbock's disease. Treatment has included medical imaging, medication, and bracing. Inspection and palpation revealed swelling on the right side dorsal surface of the right hand compared to the left hand. Range of motion to the right wrist was decreased. MRI of the right wrist dated March 20, 2014 revealed a 4 mm region of avascular necrosis along the ulnar articular surface of the lunate and subchondral cyst formation is seen within the triquetrum. The treatment request included 1 proximal row fusion of the carpal bones or silastic lunate implant and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proximal row fusion of the carpal bones or silastic lunate implant: 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 (acute and chronic), arthrodesis (fusion) and carpectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viljakka, T., K. Tallroth, and M. Vastamäki. "Long-term outcome (22-36 years) of silicone lunate arthroplasty for Kienbocks disease." Journal of Hand Surgery (European Volume) 39.4 (2014): 405-415.

Decision rationale: CA MTUS/ACOEM and ODG are silent on silastic lunate implants. Current peer reviewed literature is referenced above. The complication rate of silastic implants is extraordinary and the recommendation is that they not be used. In this case, the request is for a silastic lunate implant. The request is not medically necessary.

Pre-op medical clearance to include: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery information and ground rules, California official medical fee schedule pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viljakka, T., K. Tallroth, and M. Vastamäki. "Long-term outcome (22-36 years) of silicone lunate arthroplasty for Kienböck's disease." Journal of Hand Surgery (European Volume) 39.4 (2014): 405-415.

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

Associated surgical service: Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery information and ground rules, California official medical fee schedule pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viljakka, T., K. Tallroth, and M. Vastamäki. "Long-term outcome (22-36 years) of silicone lunate arthroplasty for Kienbocks disease." Journal of Hand Surgery (European Volume) 39.4 (2014): 405-415.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Labs-Blood work, etc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery information and ground rules, California official medical fee schedule pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viljakka, T., K. Tallroth, and M. Vastamaki. "Long-term outcome (22-36 years) of silicone lunate arthroplasty for Kienbocks disease." *Journal of Hand Surgery (European Volume)* 39.4 (2014): 405-415.

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