

Case Number:	CM15-0177760		
Date Assigned:	09/18/2015	Date of Injury:	05/16/2015
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 (IW) is a 35 year old male who sustained an industrial injury on 05-16-2015. Medical records indicate he had right wrist pain. The injured worker was diagnosed by having a crushing injury of the wrist, a sprain of the elbow-forearm not otherwise specified, and a contusion of the elbow. Treatment to date has included immediate care of the injury with suturing followed by Physical therapy. Sutures were removed and the worker was discharged to full work on 05-26-2015. On 06-25-2015, the worker complained that the area of contusion has pain of 5 on a scale of 10 with weight load and full work. He states he did sprain right wrist at time of injury. Symptoms are described as intermittent, minimal and mild and exacerbated by grasping, rotation and weight load. A MRI on 07-08-2015 gave an impression of intact triangular fibrocartilage, Kienbeck's Osteonecrosis with fragmentation of the lunate bone, joint effusion, ganglion cysts, and scaphoid trapezium and carpometacarpal joint of the thumb osteoarthritis. On 07-17-2015, the worker was seen by an orthopedic surgeon for complaint of diffuse right wrist soreness and stiffness, complaining of diffuse pain primarily along the dorsal aspect of his right hand. He denies any prior problems in his wrist and hand. On exam, he has no defect, swelling or tenderness of the right forearm, no deformity or swelling of the right wrist and no appreciable tenderness to palpation. His range of motion on the right wrist was extension of 60, flexion of 50, ulnar deviation of 30, and radial deviation of 20. On the left wrist the extension was 60, the flexion 70, the ulnar deviation 30 and the radial deviation 20. There was no appreciable anatomic snuffbox tenderness or crepitus with motion, and he was able to make a complete fist with is right hand. He was unable to initiate any significant pressure with the right hand to register on the dynamometer. The MRI report from 07-08-2015 was referenced as part of the diagnostic tests. The impression of the examining orthopedic surgeon was that the worker

had: 1. Sprain-contusion right wrist. 2. Kienbock's disease, right wrist. 3. Carpometacarpal joint osteoarthritis at the base of the right thumb. He was again returned to work with restrictions limiting use of right hand to lifting, pulling, pushing 15 lbs. On 08-07-2015, the worker was seen for a diagnosis of ASEPTIC OTROSIS BONE OT Right. There was further impression of Kienbock's Disease Stage IIIB, and Avascular necrosis of the lunate. The treatment plan was for intervention. A request for authorization was submitted for Right wrist proximal row carpectomy and Associated Surgical service: Post - operative occupational therapy for the right wrist, twice a week for six weeks. A utilization review decision 08-28-2015 non-approved both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist proximal row carpectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Pages 693-707.

Decision rationale: I recommend overturning the utilization reviewer's decision. This is a case of an injured worker who sustained a witnessed fall on May 16 2015 after which he has had persistent wrist pain with popping, clicking and weakness interfering with daily activities such as precluding him from opening jars. Symptoms are persistent despite Ibuprofen, Tramadol, splinting, activity modification, supervised therapy and acupuncture. X-rays and MRI demonstrate Kienbock's disease or avascular necrosis of the lunate with fragmentation and collapse of the bone. The treating/requesting surgeon's August 7, 2015 report includes the most commonly used staging system for this disorder and outlines treatment options and then goes on to discuss pros and cons of treatment options for this injured worker including continued symptomatic treatment, partial wrist fusion or proximal row carpectomy. Treatment of this condition is beyond the scope of the California MTUS guidelines, which do not mention the condition; the condition is discussed in detail in the specialty text referenced. This individual's fragmented and collapsed lunate bone cannot be salvaged. Proximal row carpectomy is a procedure in which the lunate and adjacent scaphoid and triquetral bones are removed allowing the capitate to rest in the lunate fossa of the distal radius-a form of resection arthroplasty. The treating surgeon notes that proximal row carpectomy is an accepted salvage option for individuals with this stage of lunate osteonecrosis, which has a lower complication rate than partial wrist fusion. The injured worker remains substantially limited by symptoms despite extensive non-surgical treatment and the proposed surgery is reasonable and appropriate.

Associated Surgical service: Post operative occupational therapy for the right wrist, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The California MTUS guidelines support up to 20 post-surgical therapy sessions following proximal row carpectomy with an initial course of treatment being defined as half that number or 10 visits. Therefore, while therapy assistance with recovery following the surgery is appropriate, the 12 sessions requested exceeds guidelines. The Guideline recommendation would be for an initial course of 10 therapy sessions followed by additional therapy up to the maximum 20 session if there were functional improvement resulting from the initial therapy. The requested treatment is not medically necessary.