

<b>Case Number:</b>	CM15-0063530		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Maryland, Virginia, North Carolina  
 Certification(s)/Specialty: Plastic 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 57-year-old male, with a reported date of injury of 10/22/2011. The diagnoses include right wrist osteoarthritis and right wrist sprain. Treatments to date have included an x-ray of the right wrist, a brace, Motrin, Mobic, and Tramadol. The progress report dated 01/29/2015 indicates that the injured worker complained of right wrist pain. A physical examination of the right wrist showed flexion 70/30, extension 50/30, ulnar deviation 50/10, and radial deviation 25/10. The treating physician requested right wrist arthrodesis since there appeared to be a breakdown of the midcarpal fusion according to the x-ray of the right wrist dated 09/02/2014. Radiographic report from 1/30/15 notes that 'there appears to be an incomplete fusion at the capitate/lunate.' This does not appear to be significantly changed from a previous evaluation. Documentation of conservative management includes NSAIDs, bracing and narcotics with worsening in function of the right wrist. The patient is noted to have continued pain with inability to use the hand without a brace. UR denial states that 'there is no evidence of conservative treatment during the past approximately one year.'

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist Arthrodesis:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, wrist and hand, arthrodesis.

**Decision rationale:** The patient is a 57 year old male with a history of previous right wrist midcarpal fusion who is documented to have signs and symptoms of breakdown of this previous fusion. He complains of chronic right wrist pain that has failed conservative management of NSAIDs, narcotics and bracing. In addition, multiple radiographic studies have shown either incomplete fusion and/or breakdown of the fusion. His function is well-documented to have deteriorated despite this conservative management and he cannot use his right hand without the use of a brace. Arthrodesis of the wrist is recommended by ODG, in severe posttraumatic osteoarthritis of the wrist after 6 months of conservative management. The patient is noted to have failed conservative management of bracing and NSAIDs from at least December of 2014. This may not be technically 6 months, but based on the entirety of the medical record, this patient has suffered a complication from his previous attempt at fusion. His previous fusion has likely never fully healed from a bony standpoint or his previously healed fusion has broken down based on multiple radiographic studies since September of 2014. Therefore, total wrist fusion in this patient should be considered medically necessary. The UR denial had stated that the patient had not been documented to have undergone any conservative management over the last year. Based on the most recent evaluation, this has now been satisfied.