

Case Number:	CM13-0010746		
Date Assigned:	12/11/2013	Date of Injury:	03/12/2011
Decision Date:	02/27/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon and Sports Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 62-year-old female with a reported date of injury not specified. The mechanism of injury is not specified. On August 10, 2012, a report was submitted, but only pages 11 through 19 were submitted, indicating that she was status post external reduction x 2 with subsequent open reduction and internal fixation of a right Colles' fracture with significant residual symptomatology, and new x-ray evidence of an abutment syndrome with an ulnar positive variant and probable evidence of a triangular fibrocartilage complete tear with some evidence of degenerative changes. Diagnoses included status post external reduction x 2 with subsequent open reduction and internal fixation of right Colles' fracture, evidence of left median carpal tunnel syndrome, and evidence of separation of the radial ulnar joint and distal ulnar exuberant enlargement with cervical sprain, right hip trauma with evidence of significant arthritic changes, and right metatarsalgia. The plan going forward was to remove the hardware in the form of a plate from the right distal radius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Plate removal from the right distal radius: 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), Treatment Index, 11th Edition (web), 2013, Forearm wrist hand section, Hardware implant removal (fracture fixation)

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 Chapter, Hardware Removal

Decision rationale: The requested treatment is for removal of a plate from the right distal radius. The records submitted for this review indicate that the patient was last seen on August 10, 2012. ODG states, in regards to hardware removal, "Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Recommend removal of hardware when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing and they must be removed so that the joint can resume function, for example, a pin in the dip joint of a finger to stabilize while an extensor tendon is healing in place or in the wrist to stabilize carpal bones while a scapholunate or other ligament reconstruction is healing." As the records do not indicate a complete examination of this patient at this time, the status of this patient is unknown. The records are silent after August 10, 2012 and do not indicate that the patient was having significant pain attributable to the plate on the right forearm. The records do not indicate any significant problems with the plate such as loosening, hardware failure, or any other condition, such as infection, for which plate removal may be considered reasonable and necessary. Therefore, this request is not considered medically necessary at this time and is non-certified.