

<b>Case Number:</b>	CM13-0031216		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 52-year-old female who fell and sustained a distal radius fracture on 3/28/13. The clinical records provided for review document that the claimant required open reduction internal fixation on 3/28/13 to repair the fracture site. The follow up report dated 7/18/13 noted diminished edema as a result of conservative care. Objectively, there was noted to be some residual swelling with improved range of motion. The report also noted that the claimant was progressing with occupational therapy and that radiographs showed progressive healing of the radial fracture. The recommendations at that time were for scar revision of the right wrist, removal of retained hardware, and a possible bone graft substitute. The medical records do not contain any additional documentation imaging, specific conservative treatment, or examination findings noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SCAR REVISION RIGHT WRIST, REMOVAL OF RETAINED HARDWARE, BONE GRAFT SUBSTITUTE:** Upheld

**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 Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hardware implant removal (fracture fixation).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the request for hardware removal, bone graft substitute and scar revision cannot be recommended as medically necessary. The documentation of the most recent clinical assessment indicates that the claimant had improved function following course of physical therapy. There was noted to be diminished swelling. Imaging demonstrated healed bone with no malposition of hardware. From the clinical records for review, there would be no direct indication for hardware removal and the proposed revision fixation procedure. Therefore, the scar revision right wrist, removal of retained hardware, bone graft substitute is not medically necessary.