

Case Number:	CM13-0034466		
Date Assigned:	12/13/2013	Date of Injury:	03/23/2010
Decision Date:	04/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 in Pennsylvania. 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:

The claimant is a 45 year old female who reported a work-related injury on 03/23/10. Subsequently, the claimant underwent a left wrist partial fusion. The records provided for review documented that postoperatively the claimant was treated with medications and physical therapy but has continued to have complaints of left wrist pain. A CT scan of the left wrist on 04/04/13 identified bony fusion was present but incomplete across the radiocarpal joint. Bony fusion was also incomplete across the scapholunate, scaphocapitate, and second metacarpal joint. Fusion across the capitates and lunate was complete. An office note by [REDACTED] dated 07/15/13 documented that an x-ray taken that day showed partial fusion of the radiocarpal joint. Final Determination Letter for IMR Case Number CM13-0034466 3 The claimant reported pain in that region on examination with weakness of the wrist musculature. The recommendation was made for removal of the hardware in the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

HARDWARE REMOVAL LEFT WRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Forearm, Wrist and Hand Chapter)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand and Wrist; Hardware Implant Removal.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based upon the Official Disability Guidelines, the request for hardware removal of the left wrist cannot be recommended as medically necessary. The Official Disability Guidelines do not recommend routine removal of hardware unless it is broken or in the circumstances of pain after ruling out other causes of pain such as infection or nonunion. In this case, while the claimant complains of pain and weakness of the left wrist, there is a CT scan dated 04/04/13 that shows incomplete fusion across the radiocarpal joint. A more recent x-ray dated 07/15/13 also showed partial fusion of the radiocarpal joint. The medical records provided for review do not contain any indication that the claimant has an infection but they also do not contain a subsequent CT scan to confirm that the fusion is solid. According to the Official Disability Guidelines, confirmation by imaging would be necessary prior to recommending hardware removal. In absence of an updated CT scan the request for hardware removal cannot be recommended as medically necessary.