

Case Number:	CM13-0034837		
Date Assigned:	12/11/2013	Date of Injury:	08/24/2011
Decision Date:	02/04/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/15/2013

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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland. 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. 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 patient is a 31 year old right hand dominant male with a reported date of injury on 8/24/2011 working as a concrete construction foreman. His right hand became caught in a concrete drill, fracturing his right 4th metacarpal. He had undergone operative reduction and internal fixation of this fracture on 9/6/11. From documentation on 2/27/13, the patient is noted to still have pain and decreased range of motion associated with the fracture, with tenderness documented overlying the hardware. X-rays were reported as showing fracture healing with intact plate and screws. Physical therapy was ordered 2/27/13 with reason being right carpal tunnel syndrome and post 4th metacarpal fracture. MRI examination was noted as scapholunate dissociation. Activity modification was ordered and if he did not improve, surgical removal of the plate and screws was recommended. On April 24th, 2013, follow-up was documented stating the patient had continued pain despite some improvement from physical therapy. Although the examination documents pain along the 2nd metacarpal, the requesting surgeon notes recommendation for removal of the hardware due to continue pain of the 4th metacarpal area, to be performed at the same time for correction of his wrist pathology(scapholunate dissociation). From evaluation noted July 17th, 2013, the patient is noted to have continued right hand and wrist pain. He continues to have pain along the hardware of the metacarpal fracture. From 8/28/13, the patient is noted to still have pain along the right metacarpal plate. From October 9th, 2013, the patient had continued pain associated with the metacarpal fracture hardware. Thus, he requested outpatient removal of fixation hardware of the right metacarpal, as well as treatment of right carpal tunnel release and treatment of his scapholunate dissociation. Request for authorization(utilization review) of hardware removal and carpal tunnel release dated 9/11/13 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of fixation hardware of the right metacarpal: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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 ODG, Forearm, Wrist, and Hand Chapter, Surgery for hardware removal.

Decision rationale: The patient is a 32 year old male with a documented history of a work-related injury of a right 4th metacarpal fracture that was treated with operative reduction and internal fixation. He had successfully healed from this surgery, as documented by x-ray report. However, he complained of persistent pain well documented to be overlying his hardware related to his metacarpal fracture. Multiple reports of persistent pain are documented from February 2013 to October 2013. He had undergone conservative measures including activity modification and physical therapy (related to this as well as an unrelated wrist injury, specifically scapholunate dissociation). From ACOEM Guidelines (text, page 270) indicate the following regarding hand surgery, referral may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; and, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. The records indicate that this patient seems to have failed to respond to conservative management and had a clear source for his complaint(surgical hardware), which can be improved with surgical removal. This is not being requested as a routine removal. As stated, the patient has persistent pain, while infection or nonunion has been ruled out. There are no documented signs to suggest infection and x-rays show complete union. Thus, in summary, based on ACOEM and ODG guidelines, surgery for hardware removal is indicated and should be authorized.