

Case Number:	CM13-0039432		
Date Assigned:	12/18/2013	Date of Injury:	08/05/2010
Decision Date:	10/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 32-year-old man injured in a work-related accident on 8/5/00. The medical records provided for review documented that the claimant was diagnosed with a scaphoid fracture that developed into nonunion and subsequently, on 04/25/13 the claimant underwent surgery for a scaphoid nonunion requiring excision and four corner fusion of the wrist. Postoperatively, the medical records document that following adequate osseous healing, the claimant had his hardware removed from the wrist due to painful fixation pins on 10/17/13. It indicated two pins were removed from the ulnar aspect of the right wrist and distal portion of the right wrist at the carpometacarpal of the index finger. In direct relationship to the operative process in question, there was a request for ten sessions of postoperative physical therapy and use of an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

PA Assistant: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 18th edition: Assistant Surgeon Guidelines (Codes 19318 to 20973).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Milliman Care Guidelines, the use of an assistant surgeon for surgical removal of a percutaneous buried pin cannot be recommended as medically necessary. There would be no indication for the use of an assistant surgeon for the surgical request in question.

Post Op Physical Therapy Two Times Five For The Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitation Guidelines also would not support ten sessions of physical therapy for the right wrist. The claimant underwent hardware removal. There is no documentation of functional deficit or motion deficit that would warrant the need of physical therapy in the postoperative setting. The clinical request for ten sessions of physical therapy given the nature of the claimant's surgical process would not be supported.