

Case Number:	CM13-0056183		
Date Assigned:	12/30/2013	Date of Injury:	10/14/2010
Decision Date:	03/26/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 Surgery and is licensed to practice in Georgia and Texas. 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 43-year-old female who reported an injury on 10/14/2010 due to a fall that reportedly caused injury to the patient's right arm. The patient was diagnosed with a right distal radius fracture on 01/14/2010. The patient's treatment history included immobilization, both long and short-term. The patient ultimately developed complex regional pain syndrome. The patient underwent an MRI in 08/2013 that revealed an ulnar styloid nonunion fracture and a mild and compatible well healed fracture of the distal radius with deformity. The patient's most recent clinical documentation dated 10/10/2013 does not provide any documentation of significant objective deficits that require surgical intervention. The patient was seen on 09/04/2013. The objective findings from that exam documented that there was tenderness to palpation over the distal radial ulnar joint with positive deformity at the right wrist. It was noted that the patient underwent an x-ray that revealed 30 degrees of volar angulation with ulnar styloid nonunion and right distal radius malunion. The patient's diagnosis was right distal radius malunion. The patient's treatment plan included continuation of therapy and a surgical request for right distal radius osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteotomy and bone graft of the right distal radius: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested osteotomy and bone graft of the right distal radius is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical considerations for forearm, wrist and hand complaints after the patient has failed to respond to conservative management including work site modifications when there is clear clinical and special study evidence of a lesion that would benefit from surgical intervention if there are any red flag conditions. The clinical documentation submitted for review does indicate that the patient has a mild radial deformity that is causing chronic pain. However, it is noted that the patient is participating in some form of therapy. The outcome of that therapy would need to be determined prior to determination of medical necessity of surgical intervention. Additionally, there was no documentation that the patient has had any attempt at work site modifications. Therefore, the need for surgical intervention at this time is not clearly indicated. As such, the requested osteotomy and bone graft of the right distal radius is not medically necessary or appropriate.