

Case Number:	CM14-0108093		
Date Assigned:	08/01/2014	Date of Injury:	01/16/2008
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old individual was reportedly injured on January 16, 2008. The mechanism of injury was noted as a crush type injury. The most recent progress note, dated March 20, 2014, indicated that there were ongoing complaints of wrist pain requiring surgical intervention. The physical examination demonstrated tenderness to palpation about the left wrist and a decreased range of motion. A previous orthopedic consultation was completed on March 19, 2014. A decrease in wrist range of motion was reported. Motor was described as 1+ bilaterally. Motor function was 5/5 and a decrease in grip strength was reported. Diagnostic imaging studies objectified osteoarthritic changes in the radial scaphoid joint. Previous treatment included surgical intervention, physical therapy, multiple medications and pain management assessments. A request had been made for a wrist fusion and was not certified in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist four corner fusion; 12 Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES: WRIST CHAPTER, LOW BACK 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, Wrist, & Hand Updated August 2014

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not apply), this is recommended only for severe arthritis of the wrist and thumb. Additionally, 6 months of care for this osteophyte is to be documented. Based on the medical records for review, the criterion has been met. Therefore, when noting the parameters in the nationally published guidelines and by the history and physical examination of the last several months, there is insufficient clinical information presented to support this request. The medical necessity has not been established.