

<b>Case Number:</b>	CM14-0014024		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Orthopedic Surgery is licensed to practice in Orthopedic Surgery. 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 patient is a 57-year-old male who has submitted a claim for status post left carpal tunnel release; status post left elbow fasciotomy, status post revision of scar tissue at right hand, and cervical disc disease associated with an industrial injury date of 01/01/2013. The medical records from 2013 to 2014 were reviewed. The patient complained of severe pain at the left wrist and left elbow. He was diagnosed with carpal tunnel syndrome and an extensive tear of the common extensor tendon origin. He had a previous right elbow fasciotomy and carpal tunnel release at the right. The patient developed hypertrophic scar at the wrist. The physical examination showed tenderness at the left elbow. He had pain upon resisted extension of the wrist and long finger. Tinel's and Phalen's tests were positive on the left. Treatment to date has included left carpal tunnel release, left elbow fasciotomy, physical therapy, occupational therapy, long finger cortisone injections, right carpal tunnel release, and medications. There was no documentation of the extent of scar and how it interfered with his daily activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROACTIVE REQUEST FOR REMOVAL OF RETAINED HARDWARE AND DEBRIDEMENT OF SCAR TISSUE TO THE RIGHT UPPER EXTREMITY FOR DOS 10/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and Hand Section, Hardware Implant Removal (Fracture Fixation).

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. The ODG states that hardware implant removal is not routinely recommended after fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Recommend removal of hardware when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing and they must be removed so that the joint can resume function. In this case, patient previously had right carpal tunnel release. There was no evidence that hardware was placed at the time of carpal tunnel release; fracture was not part of diagnoses. The patient subsequently developed hypertrophic scar at the wrist. Progress reports cited that this resulted to difficulty in hand activities. The operation performed on 10/01/2013 entailed the following procedures: left carpal tunnel release, left elbow fasciotomy, resection of osteophytes, repair of orbicular ligaments, scar revision with debridement of retained suture and resection of small warts. The operative summary failed to specify that there was removal of hardware performed. The medical necessity was not established due to conflicting information. Therefore, the retroactive request for removal of retained hardware and debridement of scar tissue to the right upper extremity was not medically necessary.