

Case Number:	CM14-0017667		
Date Assigned:	04/16/2014	Date of Injury:	08/17/2005
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 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:

The claimant is a 61-year-old gentleman injured in a work-related accident on 08/17/2005. The initial injury in this case was a distal radial fracture to the claimant's right upper extremity treated with open reduction and internal fixation. Recent clinical records from 01/15/14 indicated that the claimant was still with complaints of pain about the wrist with radiographs demonstrating a volar hardware in good position with a well healed fracture. There was noted to be restricted range of motion at end points and subjective complaints of pain with weather and temperature changes. Documentation of recent conservative care was not noted. There is a surgical request for removal of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

REMOVAL OF RIGHT DISTAL RADIUS HARDWARE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Hand/Wrist

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 18th Edition, 2013 Updates: Hardware implant removal (fracture fixation).

Decision rationale: The MTUS/ACOEM Guidelines indicate that a surgical referral would include a clear clinical and specific study evidence of a lesion that has been shown to benefit in both the short and long term from intervention. The Official Disability Guidelines indicate that hardware implant removal (fracture fixation) is not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. This individual had plain film radiographs demonstrating a well positioned fracture plate with a healed fracture to the distal radius on recent assessment. While he continues to have subjective complaints of pain and mildly restricted range of motion, the acute need of hardware removal, without documentation of failure of hardware or other forms of conservative care would not be supported. The specific request in this case would not be indicated as medically necessary.