

Case Number:	CM14-0133482		
Date Assigned:	09/18/2014	Date of Injury:	02/25/2013
Decision Date:	10/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 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 injured worker is a 54-year-old male who reported an injury on 02/25/2013. The mechanism of injury was not provided. The prior therapies included a wrist brace and an injection of the left wrist. The injured worker had a radioscapulohumeral fusion which did not bridge. The injured worker had a CT scan, per the physician documentation, which revealed a secondary ulnar positive variance of the wrist due to shortening of the radius. The documentation indicated the injured worker had limitations with gripping, grasping, torquing, and was not able to do chores around the house. The prior treatments were not provided per the supplied documentation. The objective findings revealed supination of 60 degrees on the right and 30 degrees on the left. There was pronation of 60 degrees on the right and 30 degrees on the left. The injured worker had dorsiflexion of 55 degrees on the right and 30 degrees on the left. Palmar flexion was 51 degrees on the right and -5 on the left. Making a fist was weakly done and grip strength was no more than a few pounds. There was tenderness along the radio ulnar joint. The diagnoses included fracture to talus and fibula, status post open reduction and internal fixation of the talus and distal fibular fracture; left fibular osteotomy; application of allograft to repair lateral talar dome lesions; lateral left ankle syndesmotom repair performed on 05/01/2013; and intra-articular comminuted distal radial fracture status post radioscapulohumeral fusion attempt. The physician documented that the MRI was not convincing that the fusion was associated with this prior surgery with detachment of the TFFC from the radial attachment. The injured worker had an ulnar positive variance of the wrist due to radial shortening. The treatment plan included nerve conduction studies of the upper extremities to look for nerve entrapment and drug screens including a comprehensive metabolic panel, CBC, and urinalysis. The injured worker's history included a history of high blood pressure. The Request for Authorization was made for an

appeal for surgery, a psychiatry consultation, and nerve conduction studies as well as blood testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Darrach Procedure of the Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a referral for a hand surgery consultation may be appropriate for an injured worker who has a failure to respond to conservative treatment including work site modifications and who has clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The conservative care would not be applicable regarding the injury and the surgical intervention being requested. There were objective findings upon examination. The injured worker had posttraumatic arthritis and was status post failed radioscapulohumeral fusion with posttraumatic ulna positive variance, the request is appropriate. However, the CT scan was not provided for review to support the necessity for intervention. Given the above, the request for Darrach procedure of the left wrist is not medically necessary.

Pre-Op Clearance Hp, CBC, CMP, EKG and Chest X-Ray, Sling, Fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Polar Care 21-Day Rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.