

Case Number:	CM14-0184648		
Date Assigned:	11/12/2014	Date of Injury:	10/07/2014
Decision Date:	12/30/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/05/2014

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:

55-year-old injured worker was reported industrial injury of October 7, 2014. The claimant sustained a fall from a 20 foot ladder. Diagnosis included comminuted distal radius fracture, thoracic rib fracture, left shoulder contusion and possible rotator cuff injury. Exam note on October 10, 2014 demonstrated cervical disc degeneration C6-7 with left distal radius fracture. Surgical care for distal radius occurred on October 14, 2014 with open reduction internal fixation of the distal radius. Examination on 10/24/2014 demonstrates pain at terminal supination and flexion and terminal extension. Local wound debridement was performed over the area of the surgical site.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist debridement performed on 10/24/14.: Upheld

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

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11, Forearm, Wrist and Hand Complaints, page 270, Referral for hand surgery consultation may be indicated for patients

who: - Have red flags of a serious nature - Fail to respond to conservative management, including work site modifications - Have 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 Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits and, especially, expectations are very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case the exam note from 10/24/14 does not demonstrate any evidence of red flag condition or clear lesion requiring a separate billable procedure within the 90 day global period following the distal radius fracture repair. Therefore the determination is not medically necessary.

Prilosec 20mg #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 10/24/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is not medically necessary for the requested Prilosec.