

Case Number:	CM14-0028788		
Date Assigned:	06/20/2014	Date of Injury:	10/30/2013
Decision Date:	07/31/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopaedic 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:

This 26 year-old male sustained an industrial injury on 10/30/13. Injury occurred when he fell from a ladder and sustained a fracture of the left navicular wrist and distal radius. X-rays on 12/2/13 showed a side-to-side gap in the distal radius. The fracture in the scaphoid was still visible. The 1/29/14 left wrist CT scan demonstrated an interval increase in the prominence of lucencies along the fracture line involving the distal radial articular surface and scaphoid with no significant areas of solid bony fusion. The 2/6/14 treating physician report documented CT scan findings of clear non-union. An open reduction and internal fixation with bone graft was recommended. The 2/27/14 utilization review certified the request for open reduction and internal fixation of the left distal radius and scaphoid with bone graft. The request for post-operative physical therapy was denied as premature given the post-operative immobilization period. The request for pre-operative medical clearance was denied as this young healthy patient had no co-morbidities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative medical clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the risks of undergoing anesthesia and magnitude of the procedure. Therefore, this request for pre-operative medical clearance is medically necessary.

Six postoperative physical therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Physical/Occupational Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The California Post-Surgical Treatment Guidelines for fractures of the radius and carpal bones suggest a general course of 16 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 8 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. An open reduction and internal fixation of the left distal radius and scaphoid with bone graft is certified. This is the initial request for post-operative physical therapy and consistent with guideline recommendations. Therefore, this request for six post-operative physical therapy sessions is medically necessary.