

Case Number:	CM14-0076014		
Date Assigned:	07/16/2014	Date of Injury:	04/27/2013
Decision Date:	09/10/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 4/27/2013. Per orthopedic surgeon follow up visit dated 5/8/2014, the injured worker is status post right wrist four-corner fusion over six months ago. He reports slow improvement. His biggest problem is pain over the dorsum of the wrist, especially when he strikes it. He is also complaining of a lot of stiffness. Examination of the right wrist shows his wounds to be well healed. He is very tender over the dorsum of his wrist over the carpus. There is not much radiocarpal tenderness. Neurologic examination is intact. He is very stiff with extension and flexion of the right wrist at 10 degrees, while the left is at 70 degrees. He has full rotation. Jamar dynamometer grip strength today is 35/40/35 on the right. Fluoroscanner imaging of the wrist reveals his four-corner fusion appears to have healed well. One of the staples has backed out about 5 mm. This has increased since his last x-ray. Diagnoses include 1) scaphoid nonunion, right wrist, following previous open reduction and internal fixation 2) six months status post scaphoid excision and four-corner fusion 3) painful hardware and persistent right wrist stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Post-Operative Follow Up Visits without Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The request was for four post-operative appointments with global period including fluoroscopy, and was modified by the claims administrator for three post-operative appointments without fluoroscopy. The rationale provided by the claims administrator is that there should be established functional goals, and the reason for fluoroscopy following hardware removal is not clear. The MTUS Guidelines do not address the use of fluoroscopy, however, MTUS guidelines do recommend imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. The ODG states that "Fluoroscopy exam is helpful in diagnosing tears and abnormal motion. Radiography is recommended by the ODG, however, the necessity of repeated fluoroscopy examinations is not clear and there is a lack of rationale provided by the requesting physician." The request for 4 Post-Operative Follow-Up Visits with Fluoroscopy is determined to not be medically necessary.

12 Sessions of Post-Operative Hand Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: The request was for 12 sessions of post-operative hand therapy, and was modified by the claims administrator to 8 sessions of post-operative hand therapy. The rationale provided is that the initial course for most wrist surgery is between 8 and 12 sessions. Eight sessions were approved, and additional therapy will be supported if there is evidence of functional gains made with treatment. The MTUS Guidelines recommend "24 visits of therapy over 8 weeks following arthroplast/fusion of the wrist, but does not address hardware removal." The number of sessions of physical therapy is reasonable. The request for 12 Sessions of Post-Operative Hand Therapy is determined to be medically necessary.