

Case Number:	CM14-0190073		
Date Assigned:	11/18/2014	Date of Injury:	09/11/2013
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 Minnesota. 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 26-year old male with a history of triangular fibrocartilage complex tear of the right wrist from a shoveling injury on 9/11/2013. He underwent arthroscopy with TFCC debridement on 3/21/2014. He continued to complain of pain and was diagnosed with TFCC tear and impaction syndrome. He underwent a second surgical procedure on 8/1/2014 consisting of osteotomy and 3.5 mm shortening of the ulna using the Rayhack system. X-rays on 8/13/2014 revealed good bony alignment and fixation of the osteotomy with no evidence of hardware failure. Repeat x-rays on 9/26/2013 revealed ORIF distal ulna with surgical hardware intact and alignment near anatomical. Osteotomy was healing. He still had pain with wrist motion but no pain at the osteotomy site. Tendinitis or carpal tunnel syndrome was suspected but a nerve conduction study was normal. Per 10/21/2014 note there was persisting wrist and forearm pain rated 4-6/10, and occasional numbness and tingling in the hand. The incision was healed. There was mild swelling. 2+ tenderness over the wrist. The disputed request pertains to a bone growth stimulator for the osteotomy site which was non-certified by Utilization Review citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Growth Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Wrist, Topic: Bone growth stimulators.

Decision rationale: California MTUS does not address this issue. ODG guidelines recommend bone growth stimulators if there is no evidence of healing in 90 days. The progress notes document intact fixation with some evidence of healing of the osteotomy. As such the request for a bone growth stimulator is not medically necessary.