

Case Number:	CM14-0191853		
Date Assigned:	11/25/2014	Date of Injury:	07/26/2007
Decision Date:	01/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Surgeon and is licensed to practice in Illinois. 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 patient is a 65 year old male. The date of injury was July 26, 2007. The primary diagnoses included traumatic arthropathy of right forearm and post-traumatic stiffness right hand. The surgical history included right wrist surgery. In report dated June 20, 2014, there was no soft tissue swelling about the hand or wrist. There was appropriate tenderness about the Kirschner pin in the forearm. The distal ulna had a normal posture in regards to the radius. X-ray revealed a well-positioned arthroplasty of the distal radioulnar joint. On October 21, 2014, a MRI revealed a macerated and irregular extensor carpi ulnaris tendon. Most of the findings were unremarkable. Treatment modalities included medications and a long-term splint. A request was made for 3 phase bone scan and revision of right wrist. On November 12, 2014, utilization review denied the revision of right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Hand Surg Am. 2012 Dec; 37 (12) : 2475-80.e1-2. doi 10.1016/j.jhsa.2012.08.044 Functional results of the Darrach procedure: a long-term outcome study. Grawe B1, Heincelman C, Stern P.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Open reduction internal fixation (ORIF)

Decision rationale: The request for Revision of Right Wrist is not medically necessary. The Official Disability Guidelines recommend open reduction and internal fixation as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture or an open fracture with bone protrusion. The x-ray provided for review revealed a well position arthroplasty of the distal radial ulnar joint. There was no evidence of a displaced or comminuted fracture. Additionally, it is not clear what specific surgery is being requested. In the absence of the above information, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.