

<b>Case Number:</b>	CM14-0068715		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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:

This 43-year-old injured worker was reported industrial injury of April 28, 2014. It is noted in the records that the claimant has failed maximal medical treatment for an arthritic wrist condition. CT scan of the right wrist demonstrates severe right wrist arthrosis. Examination demonstrates limited range of motion of the wrist. Certification is noted for right wrist arthroplasty. Request is made for a 2 day inpatient stay following wrist arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **2 Days Inpatient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and hand Chapter

**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 and Hand, Length of stay

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of length of stay following a wrist arthroplasty. According to the ODG, Forearm, Wrist and Hand, Hospital length of stay (LOS), 1

day is considered best practice following wrist arthroplasty. As the request exceeds the recommendation, the 2 Days Inpatient Stay are not medically necessary.