

<b>Case Number:</b>	CM15-0132028		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old female sustained an industrial injury to the right wrist on 10/22/13. The injured worker was diagnosed with a right distal radius fracture. The injured worker underwent open reduction internal fixation on 11/7/13. Additional treatment included occupational therapy, stellate ganglion blocks and medications. The injured worker later developed complex regional pain syndrome making further therapy difficult. In a progress note dated 6/8/15, the injured worker complained of ongoing limited range of motion of the right wrist. Physical exam was remarkable for right wrist with overall alignment maintained, no tenderness to palpation and intact motor, sensation and circulation. Wrist range of motion was significantly limited with approximately 15 degrees of passive flexion and extension. X-rays of the right wrist showed a well-healed distal radius fracture with maintained alignment and joint space and significant ulnar positivity. Current diagnoses included right wrist arthrofibrosis. The treatment plan included right wrist manipulation under anesthesia followed by hand therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Manipulation under anesthesia of the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Index, 11th Edition, 2014, Forearm, Wrist & Hand, Manipulation Under Anesthesia (MUS).

**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 (Acute & Chronic), Manipulation under anesthesia (MUA).

**Decision rationale:** The claimant sustained a right distal radius fracture in October 2013 and underwent ORIF in November 2013. Diagnoses include CRPS. When seen, there was significantly decreased wrist range of motion. Manipulation under anesthesia followed by hand therapy was planned. Manipulation under anesthesia (MUA) is not recommended for the wrist, hand or fingers due to a lack of published high quality studies evaluating its effectiveness. In this case, the claimant also has a history of CRPS and MUA may aggravate that condition. A trial of hand therapy would be considered appropriate. The requested MUA is not medically necessary.