

<b>Case Number:</b>	CM15-0134353		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/31/2015
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 50-year-old female who sustained an industrial injury on 5/31/15. Injury occurred when she banged her wrist and hand against a shower pole, with onset of significant pain and swelling. She was diagnosed with a displaced distal radius and trapezium fracture. The 6/12/15 treating physician report cited left wrist pain and swelling. Left wrist exam documented swelling, tenderness over the distal radius and carpometacarpal joint, flexion 0-20 degrees, extension 0-30 degrees, pain with deep palpation over the distal radius and trapezium, and 3/5 grip strength. X-rays demonstrated a minimally displaced left radius and left trapezium fractures. The treatment plan recommended global fracture care of the left trapezium fracture and left distal radius fracture with post-reduction bracing. The 6/12/15 treatment authorization request form included requests for CPT codes 25635 and 25605 for closed reduction of the distal radius and trapezium fractures. Authorization was requested for global fracture care for the left distal radius/left elbow and left wrist. The 6/19/15 utilization review non-certified the request for global fracture care for the left distal radius/left elbow and left wrist as there was no evidence that surgery was needed for the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Global Fracture Surgery, left distal radius/left elbow: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Fracture or Dislocation of Wrist.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The Official Disability Guidelines state that minimally displaced fractures can be reduced and treated by physician with proper training. Patients with minimally displaced fractures and no loss of length can have local anesthesia injected into the fracture; then the physician can perform a reduction. Guideline criteria have been met. This injured worker presents with left wrist/hand pain, swelling, and weakness. Clinical signs and imaging are consistent with a minimally displaced fracture of the left distal radius. Closed reduction and post-reduction immobilization have been requested and are consistent with guidelines. Therefore, this request is medically necessary.

**Global Fracture Surgery, left wrist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Fracture or Dislocation of Wrist.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. The Official Disability Guidelines state that minimally displaced fractures can be reduced and treated by physician with proper training. Patients with minimally displaced fractures and no loss of length can have local anesthesia injected into the fracture; then the physician can perform a reduction. Guideline criteria have been met. This injured worker presents with left wrist pain, swelling, and weakness. Clinical signs and imaging are consistent with a minimally displaced fracture of the left trapezium. Closed treatment and immobilization have been requested and are consistent with guidelines. Therefore, this request is medically necessary.