

Case Number:	CM15-0184566		
Date Assigned:	09/25/2015	Date of Injury:	03/31/2015
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/20/2015

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: California, Oregon, Washington
 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 is a 39 year old male whose date of injury was March 31, 2015. He sustained an industrial injury to his right arm when metal scaffolding fell on his right upper extremity. Medical documentation on August 21, 2015 indicated the injured worker was treated for an impacted right distal radius fracture and severe adhesive capsulitis and decreased range of motion of the right wrist. He reported considerable stiffness in the right wrist and had been using a Dynasplint but making only minimal gains. Objective findings included right wrist dorsiflexion and volar flexion to 20 degrees with pain at those limits. Neurovascular status was intact in the right upper extremity. The evaluating physician noted that the injured worker was experiencing persistent symptomatology and severe adhesive capsulitis of the right wrist. Previous treatment included NSAIDS, pain medications, and wrist splint. X-rays of the right wrist on 7-8-15 revealed stable position and slight further, but incomplete healing of the impacted fracture at the distal ventral and lateral radius and stable un-united ulnar styloid avulsion fracture as well as stable mild overlying soft tissue swelling. A request for authorization for manipulation under anesthesia of the right wrist was received on August 24, 2015. On August 27, 2015, the Utilization Review physician determined manipulation under anesthesia of the right wrist was not medically necessary based on the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia of 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, Forearm, Wrist, and Hand, Manipulation under anesthesia.

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: Per ODG: Manipulation under anesthesia is "not recommended for the wrist, hand or fingers. There are no high quality studies published in peer-reviewed journals accepted into Medline." As the proposed surgery does not meet ODG guidelines, the recommendation is for non-certification. The request is not medically necessary.