

Case Number:	CM15-0184817		
Date Assigned:	09/25/2015	Date of Injury:	04/13/2015
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 injured worker is a 42 year old female, who sustained an industrial injury on 4-13-15. The injured worker is being treated for fractured ulna and shoulder strain. Treatment to date has included open reduction internal fixation left wrist, physical therapy (which is helping significantly), oral medications including Motrin, left wrist brace and activity modifications. On 7-22-15, the injured worker complains of left forearm constant aching pain rate 2 out of 10, sometimes worse or better depending on her activities; she is doing much better since previous visit. She is temporarily totally disabled. Physical exam performed on 7-22-15 revealed tenderness to palpation to distal portion of well healed scar, but much improved and very limited range of motion of wrist and forearm due to stiffness and pain. On 8-13-15, a request for authorization was submitted for removal left ulnar plate with wrist manipulation and a post op visit. On 8-20-15 a request for removal of left ulnar plate with wrist manipulation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of left ulnar plate w/wrist manipulation under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arch Orthop Trauma Surg. 2014 Dec; 134(12):1691-7. DOI: 10.1007/s00402-014-2079-4. Epub 2014 Aug 29. Removal of forearm plate leads to a high risk of refracture: decision regarding implant removal after fixation of the forearm and analysis of risk factors of refracture. Yao CK1, Lin KC, Tarng YW, Chang WN, Renn JH.

Decision rationale: This is a request to remove a plate and screws placed for forearm fracture on April 15, 2015 and manipulation of the wrist under anesthesia. Neither request is addressed by the CA MTUS. Removal of forearm fracture plates has been shown to lead to a higher rate of refracture and is not recommended (reference provided above). There is no evidence that wrist manipulation improves outcomes in this setting to justify the risks of anesthesia. Therefore, the combined request for plate removal and wrist manipulation is unsupported by the scientific evidence and is not medically necessary.