

<b>Case Number:</b>	CM15-0210462		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona

Certification(s)/Specialty: 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:

The injured worker is a 26 year old male, who sustained an industrial injury on September 21, 2011. He reported difficulty breathing and pleuritic chest pain. The injured worker was currently diagnosed as having healed right distal radiolunate arthrodesis, with retained orthopedic hardware causing tissue irritability and probable contracture of midcarpal joint. On September 3, 2015, the injured worker presented for follow-up on his arthrotomy of right radiolunate joint, removal of broken orthopedic plate, joint exploration for foreign body, redo arthrodesis right radiolunate joint with dorsal radiolunate Acumed distal radial locking plate and iliac crease bone graft performed on 12-12-14. He was noted to show very little improvement. His wrist was still aching and it occasionally wakes him from a sound sleep. The pain was rated as "occasionally" a 5 on a 1-10 pain scale. His wrist range of motion was noted as dorsiflexion 35 degrees, volar flexion 20 degrees, radial deviation 10 degrees and ulnar deviation 15 degrees. X-ray of the right wrist showed the radiolunate arthrodesis had healed. There was no evidence of loosening of the orthopedic implant. The screws were noted to be close to but not into the capitulate joint. The treatment plan included removal of the orthopedic plate from his healed right distal radiolunate joint and capsular contracture release of his midcarpal joint and post-operative physical therapy. On October 15, 2015, utilization review modified a request for twelve sessions of post-operative therapy to five sessions of post-operative therapy. A request for x-ray of right wrist AP and lateral views and right wrist arthrotomy and exploration of radiolunate joint, capsular contracture release radiolunate joint, removal of foreign body, orthopedic plate and screws from radiolunate arthrodesis was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative therapy, 12 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** Postsurgical Physical Medicine Treatment Recommendations: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks Postsurgical physical medicine treatment period: 4 months Fracture of metacarpal bone (hand) (ICD9 815): Postsurgical treatment: 16 visits over 10 weeks Postsurgical physical medicine treatment period: 4 months. There has previously been authorization of the procedure: right wrist arthrotomy and exploration of radiolunate joint, capsular contracture release radiolunate joint, removal of foreign body, orthopedic plate and screws from radiolunate arthrodesis. The listed surgery is not exactly addressed by the MTUS guidelines. Therefore, the above 2 postsurgical physical medicine treatment recommendations for what appear to be similar as far as extent of surgery and healing postoperatively allow for 16-24 visits postoperatively. Therefore, the request for 12 sessions of postoperative therapy is medically necessary and the prior utilization review is overturned.