

<b>Case Number:</b>	CM15-0048340		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

### 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 43-year-old male who reported an injury on 01/21/2013. The mechanism of injury was a fall. His diagnosis was noted as bilateral distal radius malunion. His past treatments were noted to include medication, activity modification, physical therapy, and surgery. His diagnostic studies were noted to include an MRI performed on 01/14/2015 which was noted to reveal a healed distal radial fracture deformity status post hardware removal. His surgical history was noted to include a right wrist removal of plate performed on 10/28/2014. During the assessment on 02/09/2015, the injured worker complained of moderate pain in his bilateral wrists with related numbness in his hands. He rated the pain a 5/10. The injured worker reported that the pain became further exacerbated following movement of the wrists. The physical examination of the bilateral wrists and hands revealed a surgical scar approximately 3 inches in length, on the dorsal side of the right wrist. There was full range of motion bilaterally. His medications were noted to include naproxen and omeprazole. The treatment plan was to request authorization for left wrist removal of plate. The rationale for the request was that the injured worker had significant pain associated with dorsiflexion of the left wrist. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hardware Removal of Plate and Screws under local anesthesia as an outpatient with intravenous sedation with fluoroscopy left 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 (ODG); Forearm, wrist, and Hand Section.

**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, Hardware implant removal (fracture fixation).

**Decision rationale:** The request for hardware removal of plate and screws under local anesthesia as an outpatient with intravenous sedation with fluoroscopy left wrist is not medically necessary. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain, such as infection and nonunion. The clinical documentation did indicate that the injured worker had pain associated with dorsiflexion of the wrist. However, there was no indication that the pain was due to infection or nonunion. As such, the request is not medically necessary.

**Pre-op Medical Clearance: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op Occupational Therapy 2 x 4: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Splint for the left wrist: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.