

Case Number:	CM14-0184984		
Date Assigned:	11/12/2014	Date of Injury:	08/17/2014
Decision Date:	12/19/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/06/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female sustained an industrial injury on 8/17/14. The mechanism of injury was not documented. The patient sustained a right radius fracture relative to this industrial injury with prior poor union fracture. The 9/17/14 two-view right forearm x-ray impression documented limited detail bony evaluation due to the presence of an external splint/case. There was an impacted distal radial fracture that demonstrated sclerosis and positive ulnar variance. The 10/20/14 utilization review denied the request for right distal radius open reduction and internal fixation and correction malunion due to a lack of clinical documentation of the degree of angular deformity or range of motion or rotational deficits to support the medical necessity of the requested surgical procedure. No additional clinical records were available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Distal Radius Open Reduction Internal Fixation and Correction Malunion: 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 & Hand (updated 8/8/14)

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, Surgery for broken wrist

Decision rationale: The California MTUS support surgical consideration for red flags of a serious nature, failure to respond to conservative management, and 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 for distal radius fracture do not recommend surgery in the absence of displacement or delayed healing. A program of aggressive conservative treatment, whereby fracture healing is assessed with plain radiographs and CT scans if necessary, after 6 to 8 weeks of cast immobilization, would indicate surgical fixation with or without bone-grafting at that time if a gap is identified at the fracture site. Guideline criteria have not been met. Evidence of 6 to 8 weeks aggressive conservative treatment with radiographs showing a gap at the fracture site has not been submitted. There is no compelling reason presented to support the medical necessity of surgical intervention at this time. There is no documentation of history of injury, history of prior injury, or detailed clinical exam findings. Therefore, this request is not medically necessary.