

<b>Case Number:</b>	CM14-0211500		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/01/2007
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, 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 59-year-old male who reported an injury on 07/01/2007. The mechanism of injury was not submitted for review. The injured worker has the diagnoses of right wrist pain, right hand pain, right forearm pain, right carpal tunnel syndrome, right thumb CMC basal joint arthritis, and status post implant placement from CMC arthroplasty with recurrent pain. Past medical treatments consist of surgery and medication therapy. No diagnostics were submitted for review. On 11/11/2014, the injured worker complained of right wrist and thumb pain. The physical examination of the right wrist revealed positive median nerve compression test, positive Tinel's sign, positive Phalen's test, and a negative Finkelstein's test. The injured worker has a positive first CMC grind test. There was obvious edema in the right wrist compared to the left wrist with obvious asymmetry noted. The examination of the thumb revealed an IP flexion of 80 degrees, IP extension of 30 degrees, MP flexion of 60 degrees, MP extension of 40 degrees, CMC abduction of 50 degrees, CMC adduction of 0 cm, and CMC opposition of 8 cm. Radial and ulnar pulses of the wrist were strong and 2+. 2 point discrimination was 5 mm in all digits of the right hand in the ulnar nerve distribution and 2 point discrimination was at 6 mm to 8 mm in the median nerve distribution of the right hand. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right thumb wrist removal of hardware, wrist I & D, thumb ORIF w/k-wire, fluoroscopy, Short arm cast, right wrist: zaniulli cinc arthrophy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Forearm, Wrist, and Hand Chapter, Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** According to the Official Disability Guidelines, hardware implantation removal is not recommended routinely. It is, however, recommended in cases of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Recommended removal of hardware when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing, and they must be removed so that the joint can resume function, for example, a pin in the DIP joint of a finger to stabilize while an extensor tendon is healing in place or in the wrist to stabilize carpal bones procedure. Revision procedures can be difficult, usually requiring removal of intact or bone hardware. Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. The submitted documentation did not indicate any suspicions of infection or nonunion. There were no imaging studies on the injured worker's right thumb showing any discrepancies or functional deficits. Additionally, the physical examination showed that range of motion was within normal limits. It was noted that there was some edema in the right wrist compared to the left wrist. However, there was no evidence of broken hardware or infection or nonunion; medical necessity cannot be established. As such, the request is not medically necessary.

**(Associated services) Pre-op 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.

**(Associated services) Post op Physical therapy 2 x 6 for right wrist/hand: 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.