

Case Number:	CM14-0213817		
Date Assigned:	12/31/2014	Date of Injury:	06/15/2012
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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: New York, New Hampshire, Washington
 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 patient is a 37-year-old female with a date of injury of June 15, 2012. The patient has had surgery for her left wrist osteotomy with plating. On physical examination she has left wrist pain. There is tenderness to palpation of the left wrist. There is pain with ulnar deviation of the left wrist. Imaging studies show radiolucency at the proximal aspect of the osteotomy cut with early calcifications. Imaging studies reveal healed osteotomy. The medical records indicate that the patient has made progress with a bone stimulator. At issue is whether osteotomy plate removal is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left plate removal: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG hand chapter

Decision rationale: The ODG criteria for revision wrist and hand surgery not met. Specifically the medical records document that the patient is status post wrist surgery but does not have broken hardware or documented evidence of established nonunion. It is unclear whether the patient's wrist pain is due to her hardware. There is no evidence of hardware loosening or breakage. The patient has not had a hardware block with documented evidence of pain relief. Medical necessity for hardware removal has not been established.

Norco 10/325mg #45 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chapter on narcotics Page(s): 91, 78.

Decision rationale: MTUS guidelines do not recommend narcotics for chronic wrist pain. This patient has chronic wrist pain. The medical records do not establish functional proven to previous narcotic therapy. Medical necessity for Norco has not been established.