

Case Number:	CM14-0214669		
Date Assigned:	01/07/2015	Date of Injury:	06/25/2012
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/22/2014

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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand 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:

This male sustained a distal radius fracture. He was treated with open reduction and internal fixation. Following surgery, he developed left wrist pain with stiffness. X-ray from 5/19/14 showed a post-traumatic deformity of the left wrist. Degenerative changes were noted at the radial carpal joint. Ulnar positive variance is noted. Wrist arthroscopy is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist arthroscopy with debridement: Overturned

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 Forearm, wrist and Hand, arthroscopy.

Decision rationale: This patient has a distal radius malunion. He continues to have pain. Treatment options are malunion correction or total wrist fusion. The decision to proceed with a malunion correction depends on the condition of the articular cartilage. It would not be medically reasonable to perform a malunion correction on a patient with radial carpal chondromalacia.

Therefore, arthroscopy is necessary to stage the patient's wrist arthritis and to enable the surgeon to make the most appropriate recommendation regarding fusion versus osteotomy.