

Case Number:	CM15-0122062		
Date Assigned:	07/06/2015	Date of Injury:	09/21/2011
Decision Date:	09/23/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/24/2015

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: Minnesota, Florida
 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 52 year old female with an industrial injury dated 09-21-2011. The injured worker's diagnoses include chronic pain syndrome, depression, right ulnar impaction syndrome, right lateral epicondylitis-status post-surgical treatment with persistent symptoms, right radial, cubital and carpal tunnel syndrome, left ulnar impaction syndrome- status post low shortening osteotomy with persistent symptoms, chronic left wrist sprain, and left ganglion cyst forming instability left of distal radial ulnar joint. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05-18-2015, the injured worker presented for an urgent evaluation. The injured worker reported severe pain over bilateral wrist, near the base of her thumbs, with associated numbness in both her hands. The injured worker also complained of a retained plate in the left forearm. Objective findings revealed tearful and anxious mood, decreased sensation in bilateral small and ring finger, positive Tinel's sign in medial aspect of right elbow, positive bent elbow sign, tenderness over right radial tunnel, tenderness over the right lateral epicondyle, tenderness over the right radial tunnel, increased pain with resisted wrist extension, tenderness over triceps, and tenderness over radial tunnel. Physical exam also revealed tenderness near the base of the right thumb, tenderness over the left forearm, tenderness of the left lateral condyle, ulnar aspect of the left wrist, palpable ulnar plate with tenderness to palpitation over the ulnar plate. The treating physician prescribed services for removal of hardware, left forearm, pre-op EKG, pre-op Labs: CBC, pre-op Labs: metabolic chemistry and post-op physical therapy x 12 for the left forearm, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal of hardware, left forearm: 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), [www.odg-twc.com;Section:Forearm, Wrist & Hand \(Acute & Chronic\)](http://www.odg-twc.com;Section:Forearm, Wrist & Hand (Acute & Chronic)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Forearm, wrist and hand, Topic: Hardware removal.

Decision rationale: ODG guidelines do not recommend routine removal of hardware implanted for fracture fixation (or osteotomy) except in the case of broken hardware or persistent pain after ruling out other causes of pain. Although hardware removal is commonly done, it should not be considered a routine procedure. In this case, there is generalized pain in both upper extremities which cannot be localized to the ulnar osteotomy site or the fixation plate and screws. As such, removal of hardware is not recommended by evidence-based guidelines and the medical necessity of the request has not been substantiated.

Pre-op EKG: 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.

Pre-op Labs: CBC: 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.

Pre-op Labs: Metabolic chemistry: 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 physical therapy x 12 for the left forearm: 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.