

Case Number:	CM15-0128132		
Date Assigned:	07/14/2015	Date of Injury:	10/17/2013
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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: California, Indiana, Oregon
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 51 year-old female who sustained an industrial injury on October 17, 2013. She has reported injury to the right wrist and has been diagnosed with status post open reduction internal fixator of intra-articular right distal radius fracture with posttraumatic stiffness. Treatment included medical imaging, medications, splinting, occupational therapy, and a home exercise program. Examination of the upper extremity revealed 15 degrees of extension and 0 degrees of flexion at the right wrist with some pain. The Tinel's sign and Phalen's test was negative. There was slight tenderness over the volar aspect of the right distal radius. The treatment request included hardware removal right distal radius, wrist capsulotomy, flexor tenolysis and postoperative occupational therapy for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hardware removal right distal radius, wrist capsulotomy, flexor tenolysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-279. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm , Wrist, and Hand Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist and CRPS in pain section.

Decision rationale: The California MTUS does not address the request for hardware implant removal (fracture fixation), the Official Disability Guidelines Forearm, Wrist & Hand Chapter were referenced, which state "Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion." ODG is referenced for CRPS which recommends resotation of ROM by the use of multimodal therapies of compression and therapies. In this case, there is a diagnosis of chronic regional pain syndrome. Although hardware removal may be necessary, operating for motion while CRPS is still active can lead to an exacerbation of symptoms. It is also not clear that the CRPS is maximally treated allowing for maximal range of motion prior to surgical intervention on the wrist. Based on this the request is not medically necessary.

Post operative Occupational therapy 2x week for 12 weeks to right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.