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| Case Number: | CM15-0128670 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 09/21/2014 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/20/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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 59-year-old female, who sustained an industrial injury on 9/21/14. The injured worker has complaints of right wrist pain. The documentation noted on examination moderately tender to palpation across hand, wrist, and hypersensitivity over scar and volar wrist. The diagnoses have included right wrist and hand and joint pain and hand. Treatment to date has included physical therapy; wrist brace; open reduction internal fixation surgery on 9/30/14; ibuprofen; hydrocodone and right wrist X-ray showed the fracture lines themselves are no longer evident. The request was for right wrist removal of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Removal of Hardware: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient is a 59-year-old female who had undergone operative reduction and internal fixation of a right distal radius fracture on 9/30/14. She had undergone conservative management of physical therapy, NSAIDs, and bracing, but continued to have disability of the right wrist related to pain and weakness. She is noted to have had fracture line healing on radiographic study. Documentation from 4/24/15 notes a painful sensation over the plate area of the right wrist. The plan was for hardware removal to help to improve her range-of-motion. Based on the entirety of the medical documentation, the patient has failed reasonable conservative management of her right wrist fracture and continues to have disability related to weakness, range-of-motion and pain, which is likely, related to her hardware. Her fracture is noted to be likely healed. Based on this documentation, the patient satisfies medical necessity for hardware removal. From ACOEM, page 270, Chapter 11, Referral for hand surgery consultation may be indicated for patients who: Have red flags of a serious nature; Fail to respond to conservative management, including worksite modifications; Have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. As the existing hardware is likely contributing to her disability and she has unsuccessfully resolved with reasonable conservative management, this procedure should be considered medically necessary. The UR review stated that the patient did not have specific tenderness related to the hardware. However, based on the medical records provided for this review, this has been satisfied.