

<b>Case Number:</b>	CM15-0146702		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

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 was a 56 year old female, who sustained an industrial injury, September 16, 2008. The injured worker previously received the following treatments right wrist surgery with hardware placement, Tramadol and Naproxen. The injured worker was diagnosed with right ulna painful hardware. According to progress note of July 3, 2015, the injured worker's chief complaint was right wrist pain. The injured worker experienced a couple of episodes when lifting thing such as a gallon of milk or pulling, the injured worker felt unstable. The injured worker was experiencing distal radioulnar instability and did not feel secure or trust the wrist. The physical exam noted wounds were well healed. There was full range of motion to the right ulnar. There was tenderness over the distal radioulnar joint. There was some tenderness over the ulnar incision from the previous triangular fibrocartilage repair. There was vague tenderness along the ulna. There was no true plate tenderness. Neurologically the injured worker was intact. The treatment plan included right ulnar hardware removal, preoperative appointment with an orthopedic specialist, prescriptions for Tramadol, Zofran, Colace, Naproxen, Zolpidem, postoperative physical therapy for the right ulna and game ready 2 week rental for the right ulna and postoperative appointments within a global period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ulna hardware 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.

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

**Decision rationale:** CA MTUS/ACOEM does not address request for hardware removal. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand Hardware implant removal (fracture fixation). Per the ODG, Removal of hardware used for fracture fixation is not recommended routinely, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. It is not recommended solely to protect against allergy, carcinogenesis, or metal detection. Removal of hardware is recommended when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing and they must be removed so that the joint can resume function, for example, a pin in the dip joint of a finger to stabilize while an extensor tendon is healing in place or in the wrist to stabilize carpal bones while a scapholunate or other ligament reconstruction is healing. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, refracture, or recurrence of deformity. In this case there is no documentation to support that the patient's continued pain is caused by the hardware. There is no diagnostic injection demonstrating significant pain relief. There is no evidence of infected or broken hardware from the exam note of 7/3/15. Therefore the request is not medically necessary.

**Post-op therapy x 12 for the right ulna: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Pre-op appointment with orthopedic specialist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated surgical service: Game ready x 2 weeks rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 07/10/15), Online Version, Game Ready accelerated recovery system.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Cryotherapy.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Colace 100mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid induced constipation.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Tramadol HCl/Acetaminophen (Ultracet) 37.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zolpidem Tartrate (Ambien) 5mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Zolpidem (Ambien).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Zofran 8mg #10:** Upheld

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron (Zofran).

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op appointment within global period with fluoroscopy x 4:** Upheld

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.