

Case Number:	CM15-0069853		
Date Assigned:	04/17/2015	Date of Injury:	10/29/2013
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/13/2015

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 58 year old male, who sustained an industrial injury on October 29, 2013. The injured worker sustained a Barton's fracture of the distal radius that was initially treated by closed reduction. The injured worker was diagnosed as having a malunion of the distal radius. He underwent a corrective osteotomy of the distal radius with autograft to restore radial length and tilt of the articular surface. He then underwent ulnar shortening osteotomy and right radius hardware removal. Diagnostics to date have included CT and x-rays. The ulnar osteotomy developed evidence of delayed union. On March 9, 2015, the injured worker complained of right wrist pain, pain with radial or ulnar deviation, limited range of motion, and weakness of grip. The pain was greatest with ulnar deviation. The physical exam revealed crepitus in the distal radioulnar joint with full supination, no pain with stress of osteotomy site, and decreased right grip strength. The treatment plan includes a matched resection, ulna and repair of defect of the ulna, and a bone growth stimulator. The requested treatments bone growth stimulator right wrist and outpatient: matched resection right wrist/distal radius, ulna bone graft ulna were non-certified by utilization review using CA MTUS and ODG guidelines. The issues pertain to distal radioulnar joint congruence, scapholunate dissociation, and delayed union of the ulnar osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Purchase: bone growth stimulator for right wrist: 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 ODG: Section: Forearm, wrist and hand, Topic: Bone growth stimulator.

Decision rationale: ODG guidelines for bone growth stimulators include nonunion of long bone fracture (5-10% exhibit signs of delayed or impaired healing) and All of the following: The 2 portions of the bone involved in the nonunion are separated less than 5 mm AND the bone is stable at both ends by means of a cast or fixation AND a minimum of 90 days has elapsed from the time of the original fracture. The radiology report does not indicate presence of a definite nonunion. There is some bridging reported. As such, the bone growth stimulator is not supported by guidelines and the medical necessity of the request has not been substantiated. Therefore, the request is not medically necessary.

Outpatient: matched resection right wrist/distal radius, ulna bone graft ulna: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation ODG: Forearm, wrist, and hand: Surgery for broken wrist.

Decision rationale: With regard to the request for surgery for matching the radius and ulnar lengths, the guidelines necessitate a trial of conservative treatment including a home exercise program, corticosteroid injections for pain relief, and splinting. The documentation does not indicate a satisfactory trial of non-operative treatment. Furthermore, the injured worker has had several surgical procedures to correct a difficult situation without significant benefit and the osteotomy of the distal ulna is not healed at this point. As such, additional surgery is premature and the prognosis remains uncertain. In the absence of an established non-union bone grafting of the ulna is not supported. California MTUS guidelines indicate surgical considerations in the presence of 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. In this case, there is no such clear clinical or imaging evidence. In light of the foregoing, the request for additional surgery is not supported at this time and the medical necessity has not been established. Therefore, the request is not medically necessary.