

<b>Case Number:</b>	CM15-0090454		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/17/2005
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 61-year-old male, who sustained an industrial injury on 8/17/05. He reported a wrist fracture. The injured worker was diagnosed as having right wrist fracture and right thumb metacarpophalangeal joint arthritis. Treatment to date has included open reduction internal fixation of right distal radius 3/30/05, physical therapy and activity restrictions. X-rays of right wrist revealed minimal arthritic changes of distal radial ulnar joint and distal radial carpal joint with no signs of hardware loosening. Currently, the injured worker complains of cold intolerance of right upper extremity. The injured worker continues modified work. Physical exam noted well-healed surgical wound, with decreased range of motion of right wrist, unchanged from approximately 2 years prior. The treatment plan consisted of hardware removal of right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right distal radius hardware removal scheduled 9/17/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist and hand chapter.

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

**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." As the exam notes from 4/13/15 do not demonstrate having ruled out other causes of pain such as infection or nonunion. Therefore, determination is not medically necessary.