

Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

[REDACTED]

8/9/2013

Date of Injury:

7/8/2013

IMR Application Received:

8/15/2013

MAXIMUS Case Number:

CM13-0010354

- 1) MAXIMUS Federal Services, Inc. has determined the request for **K-wire removal of the left wrist is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-operative occupational therapy two times a week for six weeks for the left wrist is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **post-operative wrist support for the left wrist is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/19/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **K-wire removal of the left wrist is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-operative occupational therapy two times a week for six weeks for the left wrist is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **post-operative wrist support for the left wrist is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The claimant is a 43 year-old, right hand dominant male who fell off a 15 foot ladder while working on 07/08/13, sustaining injuries to the left elbow and left wrist. He was diagnosed with a left distal radius intraarticular fracture and possible coronoid fracture. On 07/09/13 he underwent a closed reduction, manipulation and percutaneous pin fixation of the left distal radius fracture. A CT of the left elbow with 3 D reconstructions on 07/11/13 revealed a possible remote 3 millimeter fracture involving the radial margin of the coronoid process. The remaining portions of the exam were unremarkable. The claimant treated postoperatively with Oxycodone, a sugar tong splint, a thumb spica cast, an Exosplint, off work and therapy. Hand written radiology reports on 07/16/13 and 07/23/13 showed a distal radius fracture. On 07/23/13 Dr. [REDACTED] recommended removal of the K-wire in 3 weeks. A hand-written radiology report of the left wrist on 08/06/13 noted the distal radius with pins in good position. An 08/09/13 review denied the requests for removal of the K-wire from the left wrist, postoperative occupational therapy twice a week for six weeks and a postoperative wrist support as there was no documentation that a sound union has been achieved.

Dr. [REDACTED] appealed the denial stating that at the time in which pins are removed a sound union is not completely achieved, but that there is significant bone formation such that the fracture should not move. Dr. [REDACTED] stated the pins needed removed as they were irritating the skin. She stated that postoperatively he should attend approximately 16 sessions of therapy over 10 weeks.

Dr. [REDACTED] saw the claimant on 08/13/13 for pain in the left wrist and stiffness of the digits. X-rays showed the distal radius fracture with pins in good position. Exam of the left upper extremity showed palpable pins and stiffness of the digits. She indicated that at least at 6 weeks postoperatively the pins should be removed. On 08/27/13 the claimant underwent removal of 3 Kirschner wires from the left distal radius. At the 09/03/13 postoperative visit he was advised to start occupational therapy.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for K-wire removal of the left wrist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Postsurgical Treatment Guidelines which is a part of MTUS and on the Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Worker's Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Treatment in Worker's Comp 18th edition, 2013 Updates, Forearm, Wrist and Hand Chapter – Hardware removal and Green's Operative Hand Surgery, Sixth Edition, Online Version: Distal Radius fracture and percutaneous pinning.

Rationale for the Decision:

A review of the records indicates that the provider documented that at the time of pin removal a sound union would not have been completely achieved, and noted that at the time of pin removal there would be significant bone formation such that the fracture should not move. The clinical judgment is found to be sound and consistent with standards of care; Green's Operative Hand Surgery with respect to percutaneous pinning in cases of distal radial fracture that "The cast and pins are removed 5 to 6 weeks after reduction". The physician's treatment plan and the timeframe for the request for pin removal, six weeks postoperative, is therefore consistent with the standards of care and as such the procedure would be considered as medically necessary. **The request for K-wire removal of the left wrist is medically necessary and appropriate.**

2) Regarding the request for post-operative occupational therapy two times a week for six weeks for the left wrist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Postsurgical Treatment Guidelines which is a part of MTUS and on the Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, Fracture of radius/ulna (forearm), pg. 20, which is a part of the MTUS.

Rationale for the Decision:

Postoperative therapy as requested is supported within the available CA MTUS postsurgical guidelines which allow for 16 visits over 8 weeks. A review of the records indicates that the provider's request is within the given guidelines and as such it would be considered as medically necessary. **The request for post-operative occupational therapy two times a week for six weeks for the left wrist is medically necessary and appropriate.**

3) Regarding the request for post-operative wrist support for the left wrist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Postsurgical Treatment Guidelines which is a part of MTUS and on the Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Treatment in Worker's Comp 18th edition, 2013 Updates, Forearm, Wrist and Hand Chapter, Immobilization.

Rationale for the Decision:

A review of the records indicates that this employee underwent a closed reduction of a distal radius fracture with percutaneous pinning and after removal of the pins it would be reasonable to provide the employee with a wrist support. It is clear from the documentation that the physician is promoting mobilization postoperatively with therapy and as such the wrist support would be considered as a measure to assist in the alleviation of pain in the early postoperative period. **The request for post-operative wrist support for left wrist is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sm

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.