

Case Number:	CM17-0015218		
Date Assigned:	01/27/2017	Date of Injury:	12/13/2016
Decision Date:	02/27/2017	UR Denial Date:	01/13/2017
Priority:	Standard	Application Received:	01/24/2017

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, Hand Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old male with a date of injury on 12-13-2016. A review of the medical records indicates that the injured worker is undergoing treatment for fracture of left distal radius. According to the progress report dated 12-13-2016, the injured worker had immediate pain and deformity of the left wrist with an electrical shooting sensation into the left radial digits after falling. The injured worker reported a dense numbness in the radial digits. The physical exam (12-13-2016) revealed tenderness to palpation over the left, distal radial metaphysis. There was noted to be dramatic swelling of the left wrist. Treatment has included splinting and surgery. The original Utilization Review (UR) (1-13-2017) modified the requested treatment. Retrospective: open reduction internal fixation of left distal radius fracture with open carpal tunnel release (DOS 12-13-2016) was the original request. Open reduction internal fixation on left distal radius fracture only was authorized by the Claims Administrator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Open reduction internal fixation on left distal radius fracture with open carpal tunnel release DOS 12/13/2016 was the original request. Open reduction internal fixation on left distal radius fracture was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, with open carpal tunnel release is: Overturned

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand - Open reduction internal fixation.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Chapter 17: Distal Radius Fractures, Chapter 30: Compression Neuropathies.

Decision rationale: This is a request for independent review of operative treatment of a left wrist fracture complicated by acute carpal tunnel syndrome. The patient is a 34-year-old male who fractured his wrist on December 13, 2016 and underwent surgery for operative reduction and internal fixation of the fracture and decompression of the median nerve on the same day. The utilization reviewer was an emergency physician who noted EMG/NCS was unremarkable and no provocative maneuvers for carpal tunnel syndrome such as Phalen's test were performed and authorized the fracture treatment but not the carpal tunnel release. In this case, I recommend overturning the utilization review decision which was made by a physician outside of their area of expertise; emergency medicine physicians are not trained in the operative management of fractures or carpal tunnel syndrome. This patient had a severe wrist fracture complicated by acute carpal tunnel syndrome with documented severe instability and dense numbness in the median nerve distribution by the treating surgeon. The utilization review physician's comment that EMG/NCS testing was "unremarkable" is false; in cases of acute carpal tunnel syndrome such as this, electrodiagnostic testing is not performed. With an unstable wrist fracture, manipulation of the wrist into extreme flexion such as with Phalen's maneuver would be medically inappropriate. With the combination of an unstable wrist fracture and acute carpal tunnel syndrome, the treatment performed for concurrent fracture stabilization and carpal tunnel decompression was standard and appropriate. The California MTUS Guidelines would support referral for surgical consultation in case such as this with a severe injury including fracture and acute neurologic dysfunction. Beyond that, the Guidelines are silent; details of specialty surgical treatment such as provided in this case are included in the hand surgery specialty text referenced. The left distal radius fracture with open carpal tunnel release is medically necessary and appropriate.