

Case Number:	CM13-0019456		
Date Assigned:	10/11/2013	Date of Injury:	04/10/2012
Decision Date:	09/25/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Emergency Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year-old male, who sustained an injury on April 10, 2012. The mechanism of injury occurred when he slipped off a vehicle and fell backwards to the ground. Diagnostics have included: January 11, 2013 right wrist MRI reported as showing carpal bone edema affecting the lunate and distal scaphoid and edema at the base of the second metacarpal with scapholunate interval widening and findings suggestive of scapholunate ligament sprain, along with features of carpal tunnel with inter carpal fusion and synovitis; July 10, 2012 electrodiagnostic exam reported as showing borderline bilateral carpal tunnel syndrome. Treatments have included: 2013 L5-S1 lumbar microdecompression; 2012 right knee arthroscopy; right wrist splinting; medications, home exercise. The current diagnoses are: right knee chondromalacia patella, right wrist arthralgia, bilateral elbow olecranon bursitis and medial epicondylitis, right carpal tunnel syndrome, s/p left knee TKA, s/p right wrist surgery including plating and pins which were subsequently removed, bilateral shoulder bursitis and impingement. The stated purpose of the request for computed tomography (CT) of right wrist was to rule out fracture. The request for computed tomography (CT) of right wrist, was denied on August 26, 2013, citing a lack of documentation of indications of occult fracture such as tenderness to palpation, and that x-rays showed residuals of a fifth metacarpal fracture. Per the report dated June 21, 2013, the treating physician noted complaints of pain to bilateral knees, bilateral elbows, bilateral shoulders, left foot and right wrist/hand. Exam findings related to the right wrist included extension to 60 degrees, flexion to 60 degrees, radial deviation to 20 degrees, ulnar deviation to 40 degrees, positive Phalen and Tinel's signs, positive carpal compression test, negative Finkelstein's, negative CMC grind test, grip strength is 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography (CT) of right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Forearm, Wrist and Hand (updated 5/8/13), Indications for imaging-Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome"), Computerized Tomography (CT).

Decision rationale: The requested computed tomography (CT) of right wrist is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 11, Forearm, Wrist and Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 269 and 272, and Official Disability Guidelines (ODG), Forearm, Wrist, & Hand (Acute & Chronic) (Not including "Carpal Tunnel Syndrome"), Computerized Tomography (CT), recommend CT scanning in cases of chronic wrist pain for more than three weeks and when an occult fracture is suspected when plain films are non-diagnostic. The injured worker has continued right wrist/hand pain with some relief from splinting. The treating physician has documented right wrist range of motion as extension to 60 degrees, flexion to 60 degrees, radial deviation to 20 degrees, ulnar deviation to 40 degrees, positive Phalen and Tinel's signs, positive carpal compression test, negative Finkelstein's, negative CMC grind test, grip strength is 5/5. The treating physician has not documented physical exam findings indicative of occult fracture. January 11, 2013 right wrist MRI reported as showing carpal bone edema affecting the lunate and distal scaphoid and edema at the base of the second metacarpal with scapholunate interval widening and findings suggestive of scapholunate ligament sprain, along with features of carpal tunnel with inter carpal fusion and synovitis. X-Rays reveal evidence of residuals of a fifth metacarpal fracture. The treating physician has not documented an acute clinical change since the date of the afore-mentioned imaging study, nor documented indications that the above-referenced MRI and plain radiographs are non-diagnostic. The criteria noted above not having been met, computed tomography (CT) of right wrist is not medically necessary.