

Case Number:	CM13-0023213		
Date Assigned:	11/15/2013	Date of Injury:	06/14/2007
Decision Date:	05/02/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational 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:

According to the records made available for review, this is a 52-year-old male with a 6/14/07 date of injury. The request is for a CT scan of the right wrist. There is documentation of subjective findings of stiffness in the right shoulder with restricted range of motion, right wrist pain with any movement, stiffness in the hand, residual numbness, tingling, and pain in the carpal tunnel area and on the palmar side of his hand. Also objective findings of tenderness to palpation over the dorsum of the right wrist at the base of the right thumb at the first carpometacarpal joint as well as the trapezium, positive Tinel's sign, and limited motion with 10 degrees of flexion and extension. The current diagnoses is right wrist arthritis with possible nonunion of previous fusion and residual carpal tunnel syndrome. The treatment to date is physical therapy, activity modification, and medications. Medical report identifies a plan indicating that the patient needs further evaluation with a CT scan of the wrist. There is no documentation of a diagnosis/condition with supportive subjective/objective findings for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CT SCAN OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS reference to ACOEM Guidelines identifies documentation of writs problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of a diagnosis/condition for which a repeat study is indicated such as to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat imaging. Within the medical information available for review, there is documentation of diagnoses of right wrist arthritis with possible nonunion of previous fusion and residual carpal tunnel syndrome. In addition, there is documentation of a previous CT of the right wrist. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for repeat CT scan of the right wrist is not medically necessary.