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| Case Number: | CM13-0024184 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 10/14/2010 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/19/2013 |
| Priority: | Standard | Application Received: | 09/16/2013 |

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 Rehabilitation 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:

There were 87 pages provided for this review. The request for independent medical review was signed on September 12, 2013. There was an August 19, 2013 notification of non certification. The non-authorized service was a CT scan of the right wrist. Per the records provided, the claimant was born in 1970. He is status post a right distal radius fracture that was treated with a splint, sling and cast. He continued to have hand pain. He has been diagnosed with a healed fracture of the distal radius with volar angulation with an associated fracture of the ulnar styloid, and also complex regional pain syndrome superimposed upon the above injuries of the right upper extremity. On examination, there was tenderness to palpation at the distal radial ulnar joint region and he has deformity of the DRUJ region with prominence of the distal ulnar. Range of motion has increased. The strength of the abductor pollicis brevis in the first dorsal interosseous was five out of five. There was tenderness to palpation over the distal radial ulnar joint. An EMG NCV done March 8, 2013 was normal. X-rays done on June 10, 2013 showed a healed right distal radius fracture with about 20 of the lumbar angulation and ulnar styloid fracture. There was also an approved MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan 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), 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, under Wrist CT and MRI

Decision rationale: Regarding advanced imaging of the wrist in a chronic setting, which is not addressed by MTUS, the ODG notes: - Chronic wrist pain, plain films normal, suspect soft tissue tumor, - Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease, - Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) I do not see plain films. Also, an MRI has already reportedly been approved, and so this would be a redundant, unnecessary study. The request is not medically necessary and appropriate.