

Case Number:	CM13-0050194		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2010
Decision Date:	05/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/11/2013

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 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 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 claimant is a 42-year-old female who injured her left wrist in a work related accident on October 8, 2010. The clinical records provided for review included a PR-2 report of October 4, 2013 describing ongoing complaints of pain in the bilateral upper extremities. Specific to the left wrist, there is documentation of a painful ganglion-like cyst of the left hand with examination showing positive Tinel's and Phalen's testing, tenderness to the thumb, a positive Finkelstein test, and a palpable ganglion on the thenar side of the palm. The working diagnosis was bilateral forearm strain with right greater than left carpal tunnel syndrome. Recommendations were for a diagnostic ultrasound of the left wrist followed by a CT scan to assess the cystic structure.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The California ACOEM guidelines address the use of CT imaging of the wrist as an option. The Official Disability Guidelines only recommend CT imaging for acute wrist trauma or chronic wrist pain when suspected occult wrist fracture in the setting of non-diagnostic plain films is noted. For the claimant's diagnosis of a suspected ganglion cyst, there would be no indication for a wrist CT scan. The requested CT scan is not medically necessary.