Case Number:	CM13-0054248		
Date Assigned:	12/30/2013	**Date of Injury:**	11/24/2001
Decision Date:	05/02/2014	**UR Denial Date:**	11/06/2013
Priority:	Standard	**Application Received:**	11/19/2013

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 67-year-old male who reported an injury on 11/24/2001, secondary to repetitive activity. The patient is diagnosed with left cubital tunnel syndrome, left ulnar nerve subluxation, left basal joint degenerative traumatic arthritis, left carpal tunnel syndrome, left index and long finger tendinitis, right ulnar nerve subluxation, right basal joint degenerative traumatic arthritis, right carpal tunnel syndrome, right thumb and right long finger tendinitis, status post left basal joint interposition arthroplasty, status post left wrist arthroscopy, status post left complete wrist arthroplasty, status post left complete Darrach procedure, status post right shoulder total arthroplasty, left wrist collapse/proximal migration distal radius hardware, heterotropic ossification of the distal and left ulna bone, and loss of motion in all 10 fingers with degenerative arthritis. The patient was evaluated on 10/11/2013. The patient reported persistent pain in bilateral hands. Physical examination revealed positive tenderness to palpation bilaterally, positive subluxation, elbow flexion testing, and Tinel's tesing bilaterally, positive Finkelstien's testing on the left, decreased range of motion on the left, decreased strength bilaterally, and positive Phalen's testing, Tinel's testing, and median nerve compression testing bilaterally. Treatment recommendations at that time included a CT scan of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The Official Disability Guidelines state a CT scan is indicated for acute hand or wrist trauma with scaphoid or comminuted distal radius fracture, suspicion for distal radial ulnar joint subluxation, or hook of the hamates fracture, or suspicion for metacarpal fracture or dislocation. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for an imaging study. There is also no indication of a suspicion for a scaphoid, comminuted distal radius, hamates, or metacarpal fracture. There were no plain films obtained prior to the request for a CT scan. Previous imaging studies were not provided for review. Additionally, there was no evidence of a formal plan, including future management following the CT scan. Based on the clinical information received, the request is non-certified.