

Case Number:	CM13-0055054		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2007
Decision Date:	03/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 55-year-old female who reported an injury on 05/07/2007 due to repetitive trauma that reportedly caused injury to her right upper extremity. The patient's treatment history included hot and cold wraps, bracing, a TENS unit, and an injection. The patient underwent an MRI in 01/2011 that documented the patient had a TFCC tear and a small ganglion cyst of the right wrist. The patient's most recent clinical evaluation documented that the patient had 4/10 pain, was responsive to medication intake. The patient's objective findings included limited range of motion of the right wrist and hand secondary to pain and stiffness. The patient's diagnoses included impingement syndrome, epicondylitis, carpal tunnel syndrome on the right side, wrist joint inflammation with TFCC ligament tear. A retrospective request was made for fluoroscopy of the right wrist on 10/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy of the right wrist performed on 10/2/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine recommends special studies for patients who have failed to respond to a period of at least 3 months of physical therapy. The clinical documentation submitted for review does provide evidence that the patient has previously undergone physical therapy. However, there is no documentation that the patient has recently received any type of active therapy or is participating in a home exercise program. Additionally, the patient had an MRI in 2011. The clinical documentation submitted for review fails to document progressive symptoms that would support suspicion of red flag conditions that would require further imaging studies. Therefore, the retrospective request for fluoroscopy of the right wrist on 10/02/2013 is not medically necessary or appropriate.