

<b>Case Number:</b>	CM14-0005487		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 record notes a 57-year-old individual with a date of injury of October 1, 2007. The mechanism of injury reported was left wrist pain with a popping and cracking sound while pushing equipment over a valve. Immediate pain was reported. The record notes a diagnosis of a chronic left scapholunate ligament injury with scapholunate advanced collapse. An MRI is reported from August 2013 revealing findings consistent with osseous/trabecular injury of the proximal scaphoid pole in the proximal aspect of the hamate. Findings suggestive of partial tearing are noted and the ligament is overall grossly intact. Fluid is seen in the distal radioulnar joint. A progress note from July 2, 2013 reveals full range of motion with pain at the extremes of motion and pain to palpation over the radiocarpal joint. X-rays reveal the carpal joints to be in fairly good condition with a small cyst in the carpal navicular. An MRI and an injection of the left wrist were recommended. A progress note from August 2013 reviews the MRI results and recommends a referral to a hand specialist. A progress note from September 25, 2013 (hand specialist) references pain at the entire dorsal aspect of the left wrist with pain in the right middle finger with intermittent locking and triggering. A past medical history of diabetes and hypertension is noted. An examination revealed tenderness over the radiocarpal and ulnocarpal joints to superficial and deep palpation. The right middle finger reveals tenderness to palpation over the A1 pulley, with no triggering at the A1 pulley or locking with flexion and extension. Full range of motion is noted bilaterally of the shoulders, elbows, wrists, and digits, with the exception of a slight loss of flexion of the wrist on the left at 65°<sup>o</sup>, compared to 80 on the right. Pain is listed in the left wrist with pronation, supination, flexion, and extension. No instability is noted on the left. X-rays of the left wrist reveal approximately a 5 mm scapholunate gap on the AP view with joint narrowing of the radial scaphoid joint with an element of sclerosis of the articular surface and a slight ulnar positive variance is noted in the ulnar aspect of the wrist with

degenerative arthritis of the trapeziometacarpal joint. A bony cyst is noted that distal pole of the scaphoid. Mild degenerative changes are noted throughout the joints. The discussion notes that the claimant was previously recommended to undergo a proximal row corpectomy, which the claimant declined and went on to develop scapholunate advanced collapse with evidence of arthritis of the left wrist. The record notes that due to the clinical findings, the first recommendation is for a CT scan to better delineate the integrity of the articular cartilage, specifically at the radiocarpal joint. Therapeutic and diagnostic injection is recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **COMPUTERIZED TOMOGRAPHY (CT) SCAN OF THE LEFT 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)

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

**Decision rationale:** The Official Disability Guidelines support computerized tomography (CT) scanning specifically when fracture is suspected and plain films are non-diagnostic. The medical record indicates that the purpose of the CT scan is to evaluate the arthritis in the joint. However, this has already been established by other diagnostic studies. In the setting where the diagnosis has already been established of scapholunate advanced collapse with evidence of arthritis of the left wrist, there is insufficient clinical documentation to support the medical necessity of the CT scan requested. Therefore, this request is recommended for non-certification.