MAXIMUS Federal Services

Case Number:	CM14-0110128		
Date Assigned:	08/01/2014	Date of Injury:	09/21/2011
Decision Date:	10/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 General Surgery, has a subspecialty in Critical Surgical Care 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 51 year old female who was reportedly injured on 09/21/2011. The mechanism of injury is listed as reportedly pushing and adjusting a desk with a resultant hyperextension injury to the right wrist. The injured worker has since has undergone an arthroscopy with triangular fibrocartilage complex debridement in 2012, left distal radioulnar ligament repair in May 2013, right ulnar shortening procedure in September 2013 and left ulnar shortening osteotomy in January 2014. The most recent progress note dated 06/03/2014. The injured worker complained of Pin the right forearm and numbness and tingling in the left ulnar nerve distribution. Physical examination of the right elbow noted a well healed incision over the lateral epicondyle. Full and active range of motion was noted with no tenderness. Tenderness to palpation over the right radial tunnel with pain on resisted wrist extension and middle finger extension. A well healed incision over the border of the ulna was noted with minimal tenderness to palpation at the ends of the plate. Tenderness to palpation also noted over the left lateral condyle with none over the radial tunnel and over the cubital tunnel with a positive Tinel's and flexed elbow compression test with paresthesias in the ulnar nerve distribution. X-ray studies documented well-positioned ulnar shortening osteotomy plates with no evidence of loosening. A request was made for 1 CT Scan for the right forearm without contrast as an outpatient and was not certified on 07/02/2014.14043

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT Scan for the right forearm without contrast as an outpatient: 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), Forearm, Wrist and Hand, Computed Tomography

Decision rationale: The documentation of the recent office exam of 6/03/14 reveals plain radiographs without haloing or any lucency to suggest nonunion. The injured worker's subjective complaints with regards to the left arm are tenderness to palpation noted over the left lateral condyle with none over the radial tunnel and the cubital tunnel with a positive Tinel's and flexed elbow compression test with paresthesias in the ulnar nerve distribution. This suggests an ulnar neuropathy not well characterized. Computed Tomography scan of the boney structure would not be medically necessary.