

Case Number:	CM14-0053348		
Date Assigned:	07/07/2014	Date of Injury:	09/19/2013
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 35-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of September 19, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of right wrist pain rated 7/10 with numbness in all of the fingers radiating up to the elbow. These were accompanied by frequent spasms in the right thumb along with popping, and frequent numbness and tingling of the right 3rd and 4th digits. Physical examination of the right wrist showed limitation of motion; tenderness along the carpal tunnel with positive Tinel's; tenderness over the first extensor, scaphotrapeziotrapezoid (STT) joint and carpometacarpal (CMC) joint; and weakness with thumb abduction secondary to pain. Electromyography (EMG) studies performed on November 6, 2013 demonstrated severe carpal tunnel syndrome on the right with absent median and sensory latencies and prolonged motor latencies. There was also denervation of the right abductor pollicis brevis muscles. The diagnoses were carpal tunnel syndrome status post release with persistent symptomatology, right, and tenosynovitis of the A1 pulley on the right thumb. Treatment plan includes a request for CT scan of the right wrist to evaluate for uptake and possible RSD. Treatment to date has included oral analgesics, carpal tunnel release, wrist brace, hot/cold modalities, physical therapy, and occupational therapy. Utilization review from March 28, 2014 denied the request for computed tomography (CT) scan of the right wrist due to concurrent request for EMG of the affected area. The results of this study should first be assessed prior to proceeding with additional diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) Scan of the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 1.

Decision rationale: According to Table 1 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Practice Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), Computed Tomography (CT) of the wrist and hand is recommended for: (1) follow-up of selected patients with crush injuries or compartment syndrome; (2) to diagnose ulnar nerve entrapment at the wrist if a hook of the hamate fracture is suspected; or (3) to diagnose occult scaphoid fracture when clinical suspicion remains high despite negative x-rays. In this case, CT scan of the right wrist was requested to evaluate for possible reflex sympathetic dystrophy syndrome (RSD). However, there were no objective findings consistent with RSD based on the most recent physical examinations. Moreover, no plain radiograph of the right wrist was obtained, or recent injuries that would raise suspicion of right wrist fracture. The guideline recommends CT scan for crush injuries or suspected fractures. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Computed Tomography (CT) Scan of the right wrist is not medically necessary.