

Case Number:	CM14-0198471		
Date Assigned:	12/08/2014	Date of Injury:	08/12/2014
Decision Date:	01/21/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine 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:

This a 60-year-old female with a work related injury dated August 12, 2014 that was described as reaching overhead to get an object and falling onto her right hand. A right wrist x-ray on November 18, 2014 revealed a minimally displaced comminuted avulsion fracture at the base of the ulnar styloid process and diffuse osteopenia. The physician's visit dated October 18, 2014 reflected the worker was experiencing right wrist pain with her arm in a short arm cast. The documentation reflected that a magnetic resonance imaging was done the day before but results were not available for review. Physical exam was remarkable for right arm immobilized in a short arm cast and unable to be examined. Diagnosis at this visit included pain in the wrist/hand and radius fracture/upper end/alone/closed. Treatment plan at this visit included continued immobilization for another two weeks and a wrist computed tomography scan to further evaluate fracture and rule out carpal bone fractures. The documentation that was submitted did not include results of the magnetic resonance imaging of the right wrist. The utilization review report dated October 27, 2014 for a computed tomography of the right wrist was non-certified based on California MTUS ACOEM Forearm, Wrist and Hand Complaints and the ODG reference to Forearm, Wrist and Hand. Per the rationale, the injury was two months old with continued right wrist pain and in a short arm cast. Given the injury date and the current pending results of a magnetic resonance imaging, there would need for an evaluation of the magnetic resonance imaging and the current workers condition when cast was removed to determine if a computed tomography of the wrist would be medically necessary. The computed tomography and the magnetic resonance imaging have overlapping indications for the workers condition and the magnetic resonance imaging would need to review prior to the ordering of the computed tomography. The request for a computed tomography of the right wrist was therefore determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right 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)) Forearm, Wrist and Hand- Computed Tomography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Fore, Wrist and Hand, MRI/CAT Scan

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, CAT scan of the right wrist is not medically necessary. MRI of the wrist is recommended in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. Imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic of patients with triangular fibrocartilage and interosseous ligament tears, a cold fractures, avascular roses and miscellaneous other abnormalities. For specific indications see ODG MRI Wrist. Computerized tomography is recommended in distal radial fractures when there is a high likelihood of intra-articular incongruence, such as fractures and young adults which frequently result from high energy impact loading, selective or even routine use of CT to supplement radiographic examination. Specific indications are in numerator in the ODG CT Wrist section. In this case, the injured worker is 60 years old and sustained an injury on August 12, 2014. Patient was seen by an orthopedic Surgeon, received x-rays, and was diagnosed with a nondisplaced distal radial fracture. Injured worker was placed in a long arm cast for two weeks and a short arm cast for 4 weeks. An MRI of the wrist was ordered and performed on October 17, 2014. The report was reportedly not ready. The treating physician then ordered a CAT scan of the same wrist to better assess the bony architecture of the wrist. The injury is two months old and the injured worker has persistent right wrist pain and remains in a short arm cast. While greater bony definition is achieved with computerized tomography, given the injury date, recent MRI imaging of the affected wrist (one day prior) with overlapping clinical indications, a review of the MRI report with a clinical reevaluation is appropriate prior to determining medical necessity for the CAT scan of the wrist. Consequently, CAT scan of the right wrist is not medically necessary.