

Case Number:	CM15-0008228		
Date Assigned:	01/23/2015	Date of Injury:	02/04/2014
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 02/04/2014. The mechanism of injury was a trip and fall onto her right hand. She was diagnosed with a right carpal fracture and underwent a right wrist surgery with the insertion of a metal plate on 02/25/2014. Other past treatment was noted to include physical therapy, acupuncture, and medications. At her followup visit on 10/14/2014, the injured worker described moderate right wrist and hand pain as well as numbness and tingling over the right upper extremity and swelling of the fingers. The physical examination revealed +3 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. She also had a positive Tinel's, Guyon, and bracelet test on the right side. She was also noted to have significantly decreased grip strength on the right to 6 pounds compared to 44 on the left. A CT scan of the right wrist was recommended as it was noted that the injured worker showed red flags of positive orthopedic tests, decreased range of motion with pain, and failure of 12 postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan without contrast Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand (updated 11/13/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist, & hand, Computed tomography (CT).

Decision rationale: The California MTUS/ACOEM Guidelines state special studies and diagnostic tests are not needed until after a 4 to 6 week period of conservative care and observation. The guidelines also state that most patients with forearm, wrist and hand injuries improve quickly provided red flag conditions are ruled out. More specifically, the Official Disability Guidelines state that CT may be recommended for acute hand or wrist trauma when there is evidence of scaphoid fracture on films and concern for displacement, when there is a comminuted distal radius fracture and suspicion for incongruity of the joint, suspicion for distal radial ulnar joint subluxation, suspicion for a hook of the hamate fracture and initial radiographs are normal, suspicion for metacarpal fracture or dislocation following negative or equivocal plain films, or for chronic wrist pain over 3 weeks when there is suspicion for occult fracture such as a hamate and plain films are nondiagnostic. The clinical information submitted for review indicated that the injured worker suffered a right carpal fracture which was surgically repaired with a metal plate. However, she continued with significant pain and positive orthopedic test on physical examination after postoperative care. While it was noted that there were red flags on physical examination, there was an absence of documentation of findings suggestive of infection, tumor, or other red flag conditions. While there was evidence of significant pathology and failed conservative treatment, there was no documentation showing that plain films had been negative or equivocal or that there was suspicion for an occult fracture to warrant CT. Therefore, the request is not medically necessary.