

<b>Case Number:</b>	CM15-0134032		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 7/6/2009. He reported pain in his left wrist, forearm and shoulder after falling. Diagnoses have included rotator cuff tear on the right, status post repair in May 2012, rotator cuff tear on the left, status post repair in 2010 and 2011 with persistent symptomatology, late effect of fracture of the wrist on the left and chronic pain syndrome. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 5/18/2015, the injured worker complained of pain in both shoulders and the left wrist. He complained of anxiety, depression and difficulty sleeping. Objective findings revealed weakness to resisted function in the left arm. There was tenderness along the left wrist. There was ecchymosis along the wrist and distal forearm and along the palmar surface on the left. It was noted that the injured worker was status post a fall in April 2015 which aggravated the left arm. Authorization was requested for a left wrist fluoroscopy exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist fluoroscopy examination:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fluoroscopic and Arthroscopic Evaluation of Carpal Instability <http://www.ajronline.org/doi/pdf/10.2214/ajr.144.6.1259>.

**Decision rationale:** The request is considered not medically necessary. MTUS and ODG do not cover the use of fluoroscopy for evaluation of wrist instability/pain. The patient has persistent wrist tenderness for which fluoroscopy may be beneficial. However, the patient is noted to have had fluoroscopy previously and was diagnosed with dorsal intercalated segment instability. It is unclear why additional imaging is needed. Therefore, the request is considered not medically necessary.