

Case Number:	CM15-0134082		
Date Assigned:	07/22/2015	Date of Injury:	12/16/2013
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 28 year old female, who sustained an industrial injury on 12/16/13. She reported left hand pain. The injured worker was diagnosed as having left wrist sprain, left wrist tendonitis, and history of left upper extremity complex regional pain syndrome. Treatment to date has included a wrist brace, injections, and medication. Physical examination findings on 6/10/15 included a mildly swollen left forearm, wrist, and hand. Positive allodynia of the left forearm, wrist, and hand was noted. The left forearm and wrist were noted to be very cold to the touch and the ulnar side of the left wrist was tender to palpation. Currently, the injured worker complains of pain of the left upper extremity. The treating physical requested authorization for a computed tomography scan of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) scan, Left 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: Forearm, Wrist & Hand (Acute & Chronic)-Indications for imaging, Computed tomography (CT).

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 Indications for imaging, CT scan.

Decision rationale: The patient is a 28 year old female who has chronic left wrist and hand pain. She had previously undergone left deQuervain's tenosynovitis surgical treatment. However, she continues to have her chronic left wrist pain that has failed conservative management as well as consideration for chronic regional pain syndrome. A request had been made for a CT scan of the left wrist as she cannot have an MRI due to the presence of a spinal cord stimulator. The concern is that she has a recurrent DeQuervain's tenosynovitis. She had not tolerated a previous steroid injection, and thus she is not a candidate for further injection. Previous plan films and CT scans did not reveal evidence of abnormality. Overall, based on the medical documentation, the patient does not satisfy medical necessity for further CT scan evaluation. Previous studies, including plain radiographs have not demonstrated evidence of clear pathology. It is unclear the justification for further CT scan evaluation. Guidelines state that for chronic pain, a CT scan is indicated to evaluate for occult fracture. As a previous CT and radiographic studies did not reveal obvious abnormality, further CT scanning should not be considered medically necessary.