

Case Number:	CM15-0134124		
Date Assigned:	07/22/2015	Date of Injury:	04/03/2014
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 23-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of April 3, 2014. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for CT imaging of the bilateral upper extremities. Non-MTUS ODG Guidelines were invoked. The claims administrator referenced a June 3, 2015 progress note in its determination. On said June 3, 2015 progress note, the applicant reported having undergone three prior left wrist surgeries through another surgeon. The applicant was on Norco for pain relief, it was reported. Tenderness and diminished range of motion were noted about the injured left wrist with healed surgical incision lines appreciated about the same. X-rays of the wrist demonstrated a left distal radius intraarticular malunion. The attending provider stated that he needed CT imaging to plan for an intraarticular osteotomy procedure, DRUJ stabilization procedure, and/or TFCC repair procedure. The attending provider posited that the proposed osteotomy procedure would be successful and theoretically diminish the applicant's likelihood of developing wrist arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT without contrast (bilateral upper extremities): Overturned

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 and Hand Chapter, Computed tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272; 274. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hand, Wrist, and Forearm Disorders, pg. 582CT for investigation of occult and complex distal forearm fractures to gain greater clarity of fracture displacement, articular involvement, and subluxation of the distal radioulnar joint. Recommended, Insufficient Evidence (I).

Decision rationale: Yes, the proposed CT without contrast of the upper extremities was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 272 notes that the usage of the CT scans prior to evaluation by a qualified specialist is deemed "optional," here, however, the request in question was initiated by a hand surgeon/upper extremity specialist, for preoperative planning purposes, it was reported on June 3, 2015. The requesting provider stated that the proposed CT scan was intended for planning for intraarticular osteotomy, DRUJ stabilization and TFCC repair surgery. The request in question, thus, was initiated by a hand surgeon/hand specialist. The Third Edition ACOEM Guidelines Hand, Wrist, Forearm Chapter also recommends CT imaging for the investigation of complex distal forearm fracture to gain greater clarity of articular involvement. Here, again, the requesting provider, hand surgeon sought authorization for CT imaging of the upper extremity for preoperative planning purposes, after the applicant had undergone three prior failed wrist surgeries. The MTUS Guideline in ACOEM Chapter 11, Algorithm 11-1, and page 274 also notes that spiral CT imaging can be considered in applicants to evaluate suspected fractures. Here, again, evaluation of the applicant's bony pathology was indicated following the earlier fracture on multiple failed wrist procedures. While it is acknowledged that the attending provider's RFA form did seemingly include a request to perform bilateral upper extremity testing to include testing of the asymptomatic, uninvolved right upper extremity, the claims administrator did not, however, appear to have issued a partial approval via its UR report. Approval of this request, thus, is preferable to denying the same, given the fact that (a) the request was intended for preoperative planning purposes following three prior failed hand and wrist surgeries, (b) the fact that the claims administrator did not appear to have issued a partial approval and (c) the fact that the attending provider's RFA form may have contained a typographic error requesting testing of the bilateral upper extremities as opposed to the testing of the involved left upper extremity alone. Therefore, the request was medically necessary.