

<b>Case Number:</b>	CM15-0167054		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: 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 injured worker is a 57 year old female, who sustained an industrial injury on 7-13-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having radial styloid tenosynovitis. There is no record of a recent diagnostic study. Treatment to date has included bilateral wrist surgery with arthroplasty, therapy and medication management. In a progress note dated 8-14-2015, the injured worker complains of left wrist pain. Physical examination showed tenderness and swelling over the base of the left thumb. The treating physician is requesting computed tomography scan of the left wrist with 3D reconstruction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the left wrist with 3D reconstruction:** Overturned

**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): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist and hand/CT scanning.

**Decision rationale:** MTUS Guidelines supports the use of specialized diagnostics for and wrist injuries when there use is medically reasonable and supported by the appropriate specialist. ODG supports CT scanning when subtle or complex issues involve the bony structures. These standards apply to this individual. The involved wrist is s/p arthroplasty and the fine details of the bone relationships are medically necessary and requested by the appropriate specialist. The request for the CT scan of the left wrist with 3D reconstruction is consistent with Guidelines and is medically necessary.