

Case Number:	CM15-0027144		
Date Assigned:	02/19/2015	Date of Injury:	03/21/2013
Decision Date:	04/07/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/12/2015

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 51 year old female who sustained an industrial injury on 3/21/13 from a slip and fall resulting in left wrist fracture. She currently complains of left hand pain associated with numbness in the left hand and fingers with radiation to the left arm and elbow. Her pain intensity is 6/10. Her activities of daily living are compromised since she cannot use her left hand. Medications are anti-inflammatory and Urine drug screen was negative. Diagnoses include: mild, right carpal tunnel syndrome; left hand paresthesias; status post left open reduction internal fixation distal radius surgery (4/2/13); volar radial left wrist pain. Treatments to date include physical therapy, home exercises and medication. Diagnostics include nerve conduction study (6/6/14) with slight abnormality and normal electromyography; computed tomography of the left wrist which was abnormal; x-rays of the left hand show plate and screws in good position. In the progress note dated 1/9/15 the treating provider recommends MRI of the left wrist and thumb with radiocarpal arthrogram; if the MRI is less than three Tesla or more, the arthrogram is not necessary. On 1/9/15 Utilization Review non-certified the requests for MRA of the left wrist and computed tomography of the left wrist citing ACOEM: Chapter 11: Forearm, Wrist and hand Complaints: MR Arthrography and MRI: MRI/CT and ODG: Forearm, Wrist and Hand (Acute & Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 80.

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 Forearm, Wrist, & Hand: magnetic resonance imaging.

Decision rationale: According to the 12/23/2013 report, this patient complains of "numbness thumb 4th, 5th finger, left" that is unchanged. The current request is for MRA of the left wrist. EMG/NCV studies on 06/10/2014 indicate median sensory neuropathy. The request for authorization is not included in the file for review. The patient's work status is "off work due to this injury from March 21, 2013 to present." ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." Given the patient's chronic condition, ODG guidelines are consulted. For MRI of the hand/wrist, ODG guideline recommends magnetic resonance imaging when there is suspicion of a soft tissue tumor or Kienbock's disease. The medical reports provided for review does not indicate that there has been a prior MRI of the hand. In this case, the treating physician does not indicate there is suspicion for carpal bone fracture, thumb ligamental injury. There is no suspicion for soft tissue tumor or Kienbock's disease. The treating physician does not provide a medical rationale for the request, the treatment plan simply states "request auth MRA left wrist." Therefore, the request IS NOT medically necessary.

CT scan of the 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 (ODG), Forearm, Wrist, & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, wrist/hand chapter: Computed tomography.

Decision rationale: According to the 12/23/2013 report, this patient complains of "numbness thumb 4th, 5th finger, left" that is unchanged. The current request is for CT scan of the left wrist. Regarding CT scan of the wrist/hand, ODG guidelines recommend when there is an acute hand or wrist trauma and there is a suspect of scaphoid fracture, comminuted distal radius fracture, distal radioulnar joint subluxation, suspect hook of the hamate fracture, metacarpal fracture or dislocation, and occult fracture possibly hamate. In this case the patient does not present with an acute hand or wrist trauma and there is no suspicion of any fracture to the wrist or hand. The treating physician does not provide a medical rationale for the request when there is no

indication of recent trauma or suspicion of fracture. The treatment plan simply states "request auth CT left wrist." Therefore, the request IS NOT medically necessary.