

<b>Case Number:</b>	CM15-0053782		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 27-year-old female, who sustained an industrial injury on 12/6/13. She reported initial complaints of a slip/fall injury with complaints of left hand wrist and left knee. The injured worker was diagnosed as having joint pain-forearm. Treatment to date has included status post left de Quervain's tenosynovitis/incision left first dorsal compartment tendon sheath (8/27/14); spinal cord stimulator (no date); stellate ganglion block (1/27/15); bone scan (2/5/15); medications. Currently, per the PR-2 notes dated 2/16/15, the injured worker complains of pain in the left wrist and increasing medication is not as effective. There is a discussion of possible revision surgery and significant concerns of chronic region pain syndrome risk. The provider has requested a CT scan to access active inflammation per recent bone scan (MRI contraindicated due to spinal cord stimulator).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 CT Scan of the Left Wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**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, CT scan.

**Decision rationale:** The patient presents with left wrist pain rated on average 5/10. The request is for 1 CT SCAN OF THE LEFT WRIST. The request for authorization is not provided. The patient is status-post left first dorsal compartment release, 08/27/14. Status-post stellate ganglion block, 01/27/15, this helped for 1.5 days. Bone scan, 02/05/15, shows very minimally increased uptake in the distal radius on delayed static images. Physical examination of the upper extremity reveals tenderness at the surgical site. Range of motion left wrist flexion 80 degrees and extension 70 degrees. Patient's medications include Percocet, Lyrica, Trazadone and Tizanidine. Per progress report dated, 02/16/15, the patient is to remain off work. 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. Per progress report dated, 02/24/15, treater's reason for the request is "It is reasonable to obtain a CT scan, as she cannot have an MRI secondary to a spinal cord stimulator, to evaluate the possibility of recurrent first dorsal compartment tenosynovitis which can occur in 1% of patients." However, the patient does not present with acute hand or wrist trauma and there is no suspicion of any fracture, subluxation or dislocation. The request does not meet ODG guidelines for a CT scan. Therefore, the request IS NOT medically necessary.