

Case Number:	CM14-0140266		
Date Assigned:	09/18/2014	Date of Injury:	08/07/2014
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 29 year-old male with date of injury 08/07/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/11/2014, lists subjective complaints as pain in the left wrist. Objective findings: Examination of the left wrist revealed 5/5 motor strength and 2/4 reflexes in the biceps, brachioradialis and triceps muscles. Sensory evaluation was intact. The left wrist exam revealed slight swelling in the dorsal aspect of the wrist. No tenderness on the snuffbox. Range of motion was 75% of normal with pain at extremes of motion. Phalen, Tinel and Finklestein tests were negative. Diagnosis: 1. Left wrist contusion 2. Right hip contusion 3. Rule out fracture of left wrist.

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: 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 & HAND (ACUTE AND CHRONIC)

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, & Hand (Acute & Chronic), Computed tomography (CT)

Decision rationale: One of the indications for a CT of the wrist listed in the Official Disability Guidelines is acute hand or wrist trauma, scaphoid fracture on films, concern for displacement or age of fracture. The request a physician and status in this report that he is suspicious of a scaphoid fracture, which he feels may be present on the plain x-rays of the wrist and due to the patient's persistent pain. The request is medically necessary.