

Case Number:	CM15-0123030		
Date Assigned:	07/07/2015	Date of Injury:	04/30/1998
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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, Pain Management

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 55 year old male who sustained an industrial /work injury on 4/30/98. He reported an initial complaint of pain in pelvic, lumbar, right wrist areas. The injured worker was diagnosed as having ankylosis of the left wrist secondary to crush injury, closed fracture of other specified part of pelvis, chronic pain syndrome, and depressive disorder. Treatment to date includes medication, surgery (splenectomy and open reduction and internal fixation (ORIF) of the pelvis), and psychotherapy. Currently, the injured worker complained of constant pain in the lower back radiating to the leg, numbness in both legs, and pain in the left wrist area. Per the primary physician's report (PR-2) on 4/3/15, exam noted a dorsal operative scar, 30 degrees dorsiflexion, 30 degrees palmar flexion, 20 degrees radial deviation, 10 degrees ulnar deviation 30 degrees supination, 80 degrees pronation, and tenderness. The requested treatments include CT Scan Left Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 Chapter, Computed tomography (CT).

Decision rationale: Regarding the request for CT scan left wrist, CA MTUS does not cite indications for this study. ODG cites that, for chronic wrist pain, it is supported when plain films are non-diagnostic and an occult fracture is suspected. Within the documentation available for review, there is no indication of suspicion for an occult fracture. Furthermore, there is no clear indication of new or progressive symptoms/findings suggestive of significant pathology and no clear rationale is presented for repeating imaging studies at this time. In the absence of clarity regarding the above issues, the currently requested CT scan left wrist is not medically necessary.