

Case Number:	CM15-0170625		
Date Assigned:	10/06/2015	Date of Injury:	05/12/2015
Decision Date:	11/18/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii

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 46 year old male, who sustained an industrial injury on 5-12-15. The injured worker has complaints of left wrist pain. Left wrist tenderness to palpation dorsal, palmar, ulnar, radial aspects and decreased range of motion. There is tenderness to palpation over snuffbox and decreased motor strength left wrist at 4 out of 5 and numbness and tingling over left wrist and hand. The documentation on 7-6-15 noted that the injured workers pain was rated four out of 10 and the pain is associated with weakness of the left hand. The diagnoses have included left tenosynovitis and left wrist scaphoid fracture, non-displaced with delayed healing. Treatment to date has included physical therapy; splinting with some improvement and nonsteroidal anti-inflammatory medications with some improvement. The documentation on 7-6-15 noted that the injured workers current outpatient prescriptions were listed as motrin. Left wrist X-rays showed no fracture, no malalignment, no joint space narrowing. Left wrist magnetic resonance imaging (MRI) showed mild fluid in extensor carpi ulnaris subsheath, no gross ligamentous or triangular fibrocartilage complex injuries. The original utilization review (8-18-15) non-certified the request for one computerized tomography (CT) scan of the left wrist; one left wrist brace and one urine drug test.

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 Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic), Computed Tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand, CT scan.

Decision rationale: The patient presents with pain affecting the left wrist. The current request is for 1 CT scan of the left wrist. The treating physician report dated 9/16/15 (68B) notes a diagnosis of a left wrist scaphoid fracture, non-displaced with delayed healing. The MTUS guidelines do not address the current request. The ODG guidelines state, "Recommended for indications below. In distal radius fractures where there is a high likelihood of intra-articular incongruence, such as fractures in young adults, which frequently result from high-energy impact loading, selective or even routine use of CT to supplement the standard radiographic examination is warranted." The guidelines go on to state the following indication: "Acute hand or wrist trauma, scaphoid fracture on films, concern for displacement or age of fracture." In, this case, the treating physician documents that the patient's fracture is non-displaced. Furthermore, an X- ray of the left wrist showed no acute fracture (65B). The patient does not meet the necessary criteria for a CT scan of the left wrist, as outlined by the ODG guidelines in the "Forearm, Wrist and Hand" chapter. The current request is not medically necessary.

1 left wrist brace: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Forearm, Wrist and Hand, Splint.

Decision rationale: The patient presents with pain affecting the left wrist. The current request is for 1 left wrist brace. The treating physician report dated 7/6/15 (33B) states, "He has tried some splinting with some improvement." The MTUS guidelines do not address the current request. The ODG guidelines state the following: "A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis. (Veehof, 2008) Hand splints can ease arthritis pain, according to a new systematic review. Short and rigid day splints cut hand pain in half after six months of use, according to one high-quality study. Another study found that hand pain was also cut in half by wearing a long rigid splint every night for a year, but the splints usually didn't improve hand function or strength." In this case, the patient presents with chronic pain of the left wrist with documented arthritis. Furthermore, the patient has had functional improvement from the use of a splint previously. The current request is medically necessary.

1 urine drug test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The patient presents with pain affecting the left wrist. The current request is for 1 urine drug test. The treating physician report dated 9/16/15 (68B) states, "Urine toxicology testing is administered for medication monitoring, authorization is requested for same." The MTUS guidelines state on page 43, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." MTUS does recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. In this case, the reports provided do not show that the patient is using opioids or that the treating physician will be initiating a prescription for opioid usage. Furthermore, there is nothing in the reports provided to indicate that the patient is at risk for illegal drug usage. The current request is not medically necessary.