

<b>Case Number:</b>	CM15-0171845		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial-work injury on 2-1-12. Treatment to date has included pain medication, right wrist surgery 3-18-15, physical therapy, diagnostics, bracing and other modalities. A review of the medical records indicates that the injured worker is undergoing treatment for brachial neuritis-radiculitis and status post right wrist surgery. Medical records dated (6-2-15 to 7-7-15) indicate that the injured worker complains of intermittent moderate achy right wrist pain and numbness that radiates to the hand with weakness. The medical records also indicate worsening of the activities of daily living due to continued pain in the right wrist post-operative. Per the treating physician report dated 7-7-15 the employee has not returned to work and is to remain off work until 8-21-15. The physical exam dated from (6-2-15 to 7-7-15) of the right wrist reveals that right grip strength testing causes pain at the right wrist, the range of motion of the right wrist is decreased and painful, there is tenderness to palpation of the dorsal and volar wrist area and Phalen's test causes pain on the right. The X-Ray of the right wrist dated 7-23-15 reveals cystic foci and cortical irregularity at the distal ulna that may be post-surgical findings and osteophytic changes in the distal ulna. Per medical record dated 7-7-15 the physician indicates that the nerve conduction velocity studies (NCV) and electromyography (EMG) of the upper extremity dated 5-11-15 reveals abnormalities consistent with cubital tunnel syndrome. The original Utilization review dated 8-11-15 non-certified a request for CT Scan of the Right Wrist the injured worker already had surgery on 3-18-15 to the right wrist and there is no findings on exam that suggest the necessity of the imaging per the guidelines and therefore, not medically necessary.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CT Scan of the Right 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 (CT).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend imaging of the wrist/hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for imaging of the wrist have not been met and the request is not medically necessary.