

Case Number:	CM15-0171860		
Date Assigned:	09/14/2015	Date of Injury:	02/01/2012
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	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 (IW) is a 51-year-old male who sustained an industrial injury on 02-01-2012. He reported repetitive work activities causing injury to the right hand. The injured worker was diagnosed as having a right TFCC (triangular fibrocartilage complex) repair 03/2014, and a second surgery (03-18-2015) for scar tissue removal: TFCC release of scar. The worker had physical therapy to the right hand for six visits following surgery in which he received ultrasound, scar massage, paraffin baths, and instruction in a home exercise program. At the sixth visit, his grip strength measured 20#20#20. Six acupuncture visits were certified 05-07-2015. A Nerve Conduction Velocity-Electromyogram of the right wrist done 05-11-2015 revealed abnormalities consistent with carpal tunnel syndrome and cubital tunnel syndrome. On 07-06-2015, the worker was seen in re-evaluation of the postsurgical status of his right wrist. In an exam of 07-07-2015, the worker complains of intermittent moderate achy right wrist pain and numbness radiating to the hand with weakness. Examination of the right wrist noted decreased and painful range of motion with tenderness to palpation of the dorsal wrist. The plan of care included requesting a scan of the right wrist and right elbow, requesting an orthopedic consult to evaluate right wrist surgery x2 and need for invasive treatments, request physical therapy to reduce pain and increase range of motion, and request acupuncture to reduce pain. On 07-09-2015, the worker complained of constant moderate achy wrist pain rated at a 4 on a scale of 10. On 07-15-2015, the worker states his pain is a 7 on scale of 10 but states the pain is decreased after paraffin wax and massage treatment. A computed tomography of the right wrist on 07-22-2015 noted no evidence of acute fracture or dislocation, but noted a deformity of the distal ulna,

which may be post-surgical or related to remote trauma and soft tissue swelling in the ulnar aspect of the wrist. A request for authorization was submitted for a CT scan right elbow. A utilization review decision (08-11-2015) non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute and Chronic), Computed tomography (CT) ACOEM Occupational Medicine Practice Guidelines, Third Edition, Special Studies, Diagnostic and Treatment Considerations, 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Chronic Pain Considerations, Summary.

Decision rationale: The ACOEM chapter on elbow complaints states: Criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan. Emergence of a red flag. Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The patient does not meet criteria as cited above per the provided documentation for review and therefore the request is not medically necessary.