

Case Number:	CM13-0006347		
Date Assigned:	04/28/2014	Date of Injury:	11/29/2012
Decision Date:	06/11/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

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:

The patient is a 42 year old female who was injured on 11/29/2012. She slipped and fell backwards, bracing her fall with her arms extended as she landed flat on her back on the cement. Prior treatment history has included physical therapy. An EMG/NCS of both upper extremities dated 05/31/2013 reveal findings consistent with moderate right carpal tunnel syndrome and mild to moderate left carpal tunnel syndrome. The consultation dated 09/30/2013 notes the patient complains of pain with numbness, tingling and pins and needles like sensation in the bilateral hand. The patient is taking metformin, Losartan, and atorvastatin. On examination of the right wrist, there is no effusion or ganglion cyst. There is no tenderness of the extensor carpi ulnaris. The patient has full pronation and supination; Finkelstein, Watsons, carpometacarpal grind and See-Saw tests are negative. Ulnar grind and ulnar clunk tests are negative. There is no evidence of ligamentous instability of the lunate triquetral, distal radioulnar joint or scaphoid lunate joint. There is no bossing of the carpometacarpal joint. The left wrist examination is the same as the right except for carpometacarpal grind and See-saw tests are positive. Neurological exam shows Semmes-Weinstein filament is 2.83 in all fingers. Diagnoses are bilateral carpal tunnel syndrome, left thumb carpometacarpal joint irritation; and left small finger trigger finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS BILATERAL SHOULDERS WITH OUTLET VIEW, AXILLARY AND AP:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: According to the CA MTUS/ACOEM guidelines, "Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." The patient was injured on 11/29/12 when she fell backwards and braced her fall with extended arms and landed flat on her back. Further details are not provided. She somehow fractured her left knee tibial plateau during this fall and had surgery. Request is made for bilateral shoulder x-rays on a 7/3/13 clinic visit about 8 months after the injury. She is noted to have bilateral shoulder complaints. No other details are provided. No right shoulder examination findings are noted. Prior shoulder work-up is not discussed. No clear rationale is provided. Indiscriminate imaging not supported by history or examination is not supported by guidelines. Medical necessity is not established for bilateral shoulder x-rays.

X-RAYS BILATERAL ELBOWS WITH AP AND LATERAL VIEWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

Decision rationale: According to the CA MTUS/ACOEM guidelines, 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 was injured on 11/29/12 when she fell backwards and braced her fall with extended arms and landed flat on her back. Further details are not provided. She somehow fractured her left knee tibial plateau during this fall and had surgery. Request is made for bilateral elbow x-rays on a 7/3/13 clinic visit about 8 months after the injury. She is noted to have bilateral elbow complaints. No other details are provided. No right elbow examination findings are noted. Prior elbow work-up is not discussed. Clear rationale is not provided. Indiscriminate imaging not supported by history or examination findings is not supported by guidelines. Medical necessity is not established for bilateral elbow x-rays.

X-RAYS BILATERAL HANDS AND WRIST WITH AP, LATERAL AND OBLIQUE VIEWS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: According to the CA MTUS/ACOEM guidelines, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation." The patient was injured on 11/29/12 when she fell backwards and braced her fall with extended arms and landed flat on her back. Further details are not provided. She somehow fractured her left knee tibial plateau during this fall and had surgery. Request is made for bilateral hand and wrist x-rays on a 7/3/13 clinic visit about 8 months after the injury. She is noted to have bilateral hand and wrist complaints. No other details are provided. Physical examination findings do suggest fracture, instability, infection, or arthritis. Prior hand and wrist work-up is not discussed. Indiscriminate imaging not supported by history or examination is not supported by guidelines. Medical necessity is not established for bilateral hand and wrist x-rays.

X-RAYS BILATERAL KNEES LATERAL AND MERCHANT VIEW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, X-Ray Section.

Decision rationale: According to the CA MTUS/ACOEM guidelines, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." The patient was injured on 11/29/12 when she fell backwards and braced her fall with extended arms and landed flat on her back. Further details are not provided. She somehow fractured her left knee tibial plateau during this fall and had surgery. Request is made for bilateral knee x-rays on a 7/3/13 clinic visit about 8 months after the injury. She is noted to have bilateral knee complaints. R knee complaints are not specified. No right knee examination findings are noted. The patient had multiple left knee x-rays post-operatively without documentation of subsequent significant change or interval injury. Prior knee work-up is not discussed. Clear rationale is not provided. Indiscriminate imaging not supported by history or examination is not supported by guidelines. Medical necessity is not established for bilateral knee x-rays.

X-RAYS AP PELVIS, LEFT HIP AND LATERAL OF THE BILATERAL HIPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter, X-Ray Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter, X-Ray Section.

Decision rationale: According to the Official Disability Guidelines, plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. The patient was injured on 11/29/12 when she fell backwards and braced her fall with extended arms and landed flat on her back. Further details are not provided. She somehow fractured her left knee tibial plateau during this fall and had surgery. Request is made for bilateral hip and AP pelvis x-rays on a 7/3/13 clinic visit about 8 months after the injury. She is noted to have L hip complaints. There are no R hip complaints. No other details are provided. No hip examination findings are noted. Prior hip diagnostic work-up is not discussed. Clear rationale is not provided. Indiscriminate imaging not supported by history or examination findings is not supported by guidelines. Medical necessity is not established for bilateral hip x-rays.

X-RAYS AP AND LATERAL LEFT FEMUR: 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), Hip Chapter, X-Ray Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: According to the Official Disability Guidelines, "In a primary care setting, if a fracture is considered, patients should have radiographs if the Ottawa criteria are met." The patient was injured on 11/29/12 when she fell backwards and braced her fall with extended arms and landed flat on her back. Further details are not provided. She somehow fractured her left knee tibial plateau during this fall and had surgery. Request is made for left femur x-ray on a 7/3/13 clinic visit about 8 months after the injury. She is noted to have L hip and L knee complaints. No hip exam findings are provided. No positive findings are noted on L knee examination. Prior L femur work-up is not discussed. Clear rationale is not provided. Indiscriminate imaging not supported by history or examination is not supported by guidelines. Medical necessity is not established for L femur x-ray.