

Case Number:	CM13-0016571		
Date Assigned:	03/26/2014	Date of Injury:	11/29/2012
Decision Date:	04/30/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, bilateral shoulder, bilateral hand, bilateral wrist, and bilateral elbow pain reportedly associated with an industrial injury of November 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; continuous passive motion machine; prior shoulder surgery; prior knee ORIF surgery; and extensive periods of time off of work. In a Utilization Review Report of August 13, 2013, the claims administrator denied request for x-rays of the bilateral elbows, x-rays of the bilateral hands, x-rays of the bilateral knees, and x-rays of the left femur. The applicant's attorney subsequently appealed. An earlier clinical progress note of July 3, 2013 is notable for comments that the applicant reports persistent shoulder and neck pain. Portions of the applicant's claim have been contested by the claims administrator. The applicant is status post left knee ORIF surgery, it is stated. Overall history is sparse. The applicant has a positive Tinel and Phalen signs of the wrist. The applicant has electrodiagnostic testing suggestive of bilateral carpal tunnel syndrome. Naprosyn, hydrocodone, and an MRI of the left knee are endorsed along with x-rays of the cervical spine, bilateral shoulders, bilateral elbows, bilateral hands, lumbar spine, left hip, and bilateral knees. A CT scan of the left knee is ordered to evaluate the integrity of the earlier ORIF surgery. The applicant is placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAYS BILATERAL ELBOWS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33,42.

Decision rationale: In this case, however, there is no evidence that a red flag issue has emerged. The most recent progress note makes little or no mention of issues related to the elbow and seemingly focuses on issues related to the lower extremities and hands. It is not clear why plain film imaging of the elbows is sought. No clear diagnosis or differential diagnosis was attached to the request for authorization. Therefore, the request is not certified.

X-RAYS BILATERAL HANDS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272,269.

Decision rationale: In this case, as with the request for elbow imaging, the bulk of the information on file pertains to the applicant's lower extremities. There is comparatively little or no mention made of the upper extremities and/or hands. It is further noted that the attending provider has not furnished any clear narrative commentary or subjective complaints. As further noted in the MTUS-adopted Guidelines in Chapter 11, Table 11-6, plain-film radiography is scored 1/4 in its ability to identify and define suspected carpal tunnel syndrome, the issue present here. In this case, moreover, the applicant already has clinically evident, electrodiagnostically confirmed carpal tunnel syndrome. It is not clear why x-rays of the bilateral hands are being sought. As noted in the MTUS-adopted Guidelines in Chapter 11, Table 11-7, routine usage of x-rays for the forearm, wrist, and hand is "not recommended." Therefore, the request is not certified, for all of the stated reasons.

X-RAY BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: As with the other request, no clear rationale, diagnosis, or differential diagnosis was attached to the application for Independent Medical Review or request for authorization. It appears that the bulk of the applicant's complaints are localized to the left knee. There is no mention made of any issues associated with the right knee. In this case, the attending

provider has seemingly sought to perform routine imaging studies of both the affected left knee and the unaffected right knee. This is not indicated, per ACOEM. Therefore, the request is likewise not certified.

X-RAY LEFT FEMUR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: The applicant, as noted by the attending provider, is status post a left knee/left femur ORIF surgery following an apparent earlier fracture of the same. In this case, the attending provider has posited that he is trying to evaluate the integrity of the earlier left knee/left femur ORIF surgery. Plain film radiographs are indicated and appropriate to further evaluate the same. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.