MAXIMUS Federal Services

Case Number:	CM13-0069967		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2013
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 52 year-old male with a date of injury of 02/09/2013. The listed diagnoses per [redacted] are: 1) Left elbow medial humeral epicondylitis; 2) Right hand strain; 3) Left wrist internal derangement; 4) Right knee surgeries; and 5) Left knee internal derangement. The only report provided for review is dated after the Utilization review decision. According to the report dated 12/10/2013, the patient presents with left wrist complaints. The range of motion is noted as flexion 10 and extension 5. Also noted, left shoulder abduction 5/5, wrist extension 5/5, and wrist flexion 5/5. The left thumb tip and dorsal thumb was intact. The request is for a left wrist x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Special Studies and Diagnostic and Treatment Considerations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), X-rays of the wrist/hand

Decision rationale: This patient presented with left wrist complaints. The treater is requesting a left wrist x-ray. The MTUS/ACOEM Guidelines indicate "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. Most patients improve quickly, provided red flag conditions are ruled out." Exceptions include the following: injury with radial-dorsal tenderness, acute injury to the metacapophalangeal joint of the thumb, peripheral nerve impingement and recurrence of ganglion. Given this patient's chronic wrist pain, the MTUS/ACOEM Guidelines may not apply. The Official Disability Guidelines indicate that x-rays are indicated for suspicion fracture, subluxation, dislocation, and ligamental injury. It also allows for wrist x-rays on first exam for "first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified." The file provided for review does not have any records of an x-ray obtained on this patient. Recommendation is for authorization.