

Case Number:	CM14-0007930		
Date Assigned:	02/07/2014	Date of Injury:	11/30/2013
Decision Date:	08/05/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/17/2014

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 57-year-old female who has submitted a claim for tenosynovitis of the hands and wrist associated with an industrial injury date of November 30, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of constant pain in the hands with occasional weakness, numbness, and tingling sensations. Physical examination showed decreased left grip strength with non-specific tenderness over the hands and full ROM of the wrists. Pain was noted on Phalen's, Tinel's, and Finkelstein's tests. Treatment to date has included medications and physical therapy sessions. Utilization review from January 10, 2014 denied the request for x-ray of bilateral hands and wrist because no acute traumatic event was noted, the clinical utility of the study was not provided, and radiographs are not recommended for routine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-RAY OF THE BILATERAL HANDS AND WRIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Radiography.

Decision rationale: The California MTUS does not specifically address radiography of the hands and wrist. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. According to ODG, radiography of the hands and wrist is recommended in cases of acute hand or wrist trauma and chronic wrist pain. In this case, the patient complained of chronic pain in the hands. However, there was no acute hand or wrist trauma noted. In addition, physical examination findings does not document fracture or dislocation in the hands and wrists. Therefore, the request for xray of the bilateral hands and wrists is not medically necessary.