

Case Number:	CM14-0101104		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2011
Decision Date:	10/02/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old gentleman was reportedly injured on January 6, 2011. The mechanism of injury is noted as repetitive use at a computer. The most recent progress note, dated May 19, 2014, indicates that there are ongoing complaints of neck pain, back pain, shoulder pain, arm pain, and wrist/hand pain with numbness. The physical examination demonstrated no atrophy, a positive right-sided Tinel's test. There was no tenderness at the cartels for the wrist. Left sided grip strength was 25 pounds and the right-sided grip strength from 20 to 35 pounds. Diagnostic nerve conduction studies were not reviewed during this visit. Previous treatment includes a left carpal tunnel and cubital tunnel release in 2011, physical therapy, occupational therapy, injections, the use of a wrist brace, and oral medications. A request had been made for left Hand X-rays and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hand X-rays: 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) - Treatment in Workers' Compensation (TWC), 2014 online version for X-ray

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

Decision rationale: A review of the attached medical record indicates that there were previous wrist x-rays taken on September 26, 2013 which were normal. There are no new reported signs of symptoms to necessitate additional films of the left-hand at this time. Without additional justification, this request for an x-ray of the left hand is not medically necessary.