

<b>Case Number:</b>	CM14-0101105		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 45-year-old male with a 01/06/11 date of injury. The mechanism of injury was cumulative repetitive movement of his fingers. A progress report dated on 06/02/14 indicated that the patient still complained of bilateral upper and lower extremities symptoms. He reported pain, numbness, stiffness and weakness. Physical exam revealed decreased grip strength on his right hand. He had numbness throughout all digits in both hands. He has positive Tinel's over the ulnar nerve at the right elbow and the over right median nerve at the right wrist. Wrist x-ray dated on 04/20/12 was unremarkable. Recent MRI dated 05/28/14 showed postoperative changes at C3-4 without abnormal enhancement to suggest tumor recurrence. He was diagnosed with bilateral upper extremity paresthasias, chronic left elbow pain, chronic bilateral wrists pain, status post left carpal tunnel release surgery on 08/10/11, and left ulnar nerve transposition on 04/10/11. There is documentation of a previous 06/06/14 adverse determination, based on the fact that there was no documentation supporting significant changes since last visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Wrist 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) TWC 2014 Online Version, X-Ray.

**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, & Hand.

**Decision rationale:** ODG recommends wrist radiographs for most patients with known or suspected trauma of the hand, wrist, or both. The conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. The patient presented with bilateral upper and lower extremities symptoms, as well as of pain, numbness, stiffness and weakness. Wrist x-ray dated on 4/20/12 was within normal range. There was no documentation of any significant changes in the patient's condition to warrant repeat radiographs. Therefore, the request for right wrist X-Ray is not medically necessary.