

Case Number:	CM14-0105785		
Date Assigned:	07/30/2014	Date of Injury:	04/03/2013
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Family Practice 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 50 yr. old male claimant sustained a work injury on 4/3/13 involving the right wrist. He was diagnosed with a right wrist crush injury, a right dorsal hand laceration, a right scaphoid fracture, right carpal tunnel syndrome and chronic wrist pain. An EMG in June 2013 was normal. An MRI of the right hand in May 2013 showed contusional edema through the MCP and CMC joints of the right wrist. An orthopedic visit in January 2014 indicated the claimant needed an updated MRI arthrogram to evaluate scaphoid-lunate ligament tear as well as x-rays to evaluate carpal collapse. A progress note on 6/2/14 indicated the claimant had been wearing a wrist brace but was worn out. He had no gross instabilities. The treating physician ordered an x-ray of the right wrist with 8 views prior to rerunning to orthopedics for definitive surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of right wrist, 8 views.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 18th edition, 2013 updates, forearm, wrist and hand procedure.

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

Decision rationale: According to the ACOEM guidelines, x-rays of the wrist are not recommended for routine evaluation. An x-ray is recommended for suspected scaphoid fractures. In this case, the claimant had a remote injury. An MRI and wrist x-rays were reordered for potential surgery. There is no recent injury. There has been no orthopedic exam for 5 months indicating the need for both forms of imaging. There is no clinical basis currently or an x-ray. The request is therefore not medically necessary.