

<b>Case Number:</b>	CM14-0109439		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 32-year-old male who sustained repetitive cumulative trauma as result of performing administrative duties with reported injury date of 08/09/2012. Since then the patient has complaints of bilateral wrist pain. Most recent progress reports document the patient's complaint of bilateral wrist and hand pain. His Orthopedic Hand Surgeon initial comprehensive evaluation identified mild tightness bilaterally when performing the Finkelstein's maneuver. No elicited tenderness to palpation was made along the wrist joint. Phalen's and Durkan's testing elicited numbness and discomfort bilaterally. Tinel's sign was moderate over the bilateral carpal tunnel. Bilateral opponens pollicis muscle strength was measured as 4/5. Sensory examination elicited a decreased light touch sensation along the volar bilateral thumb, index, middle and half of the rings fingers. In dispute is a decision for X-ray right wrist and X-ray left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence:

<http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/ChronicWristPain.pdf>

**Decision rationale:** Imaging evaluation of the painful wrist should begin with radiographs. This simple, relatively inexpensive study may establish a specific diagnosis in patients with arthritis, complications of injury, infection, some bone or soft-tissue tumors, impaction syndromes, or static wrist instability. The standard radiographic examination consists of posterior-anterior (PA) and lateral views, often supplemented by one or more oblique view. The lateral view is important for demonstrating misalignments and soft-tissue swelling. A variety of stress positions and maneuvers can be performed to elicit dynamic instability that is not visible on standard radiographs. Other nonstandard projections may be indicated for specific suspected problems. Additionally, radiographs are necessary for accurate measurement of ulnar variance. A Board Certified Orthopedic Hand Surgeon by physical examination established the diagnosis of carpal tunnel syndrome with De Quervain's tenosynovitis. Although plain radiographs are the initial imaging study to obtain, they provide no additional information regarding the patient's presentation. Therefore, the request is not medically necessary.

**X-ray left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Hand and Wrist

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/ChronicWristPain.pdf>

**Decision rationale:** Imaging evaluation of the painful wrist should begin with radiographs. This simple, relatively inexpensive study may establish a specific diagnosis in patients with arthritis, complications of injury, infection, some bone or soft-tissue tumors, impaction syndromes, or static wrist instability. The standard radiographic examination consists of posterior-anterior (PA) and lateral views, often supplemented by one or more oblique view. The lateral view is important for demonstrating misalignments and soft-tissue swelling. A variety of stress positions and maneuvers can be performed to elicit dynamic instability that is not visible on standard radiographs. Other nonstandard projections may be indicated for specific suspected problems. Additionally, radiographs are necessary for accurate measurement of ulnar variance. A Board Certified Orthopedic Hand Surgeon by physical examination established the diagnosis of carpal tunnel syndrome with De Quervain's tenosynovitis. Although plain radiographs are the initial imaging study to obtain, they provide no additional information regarding the patient's presentation. Therefore, the request is not medically necessary.