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| <b>Case Number:</b>   | CM14-0012937 |                              |            |
| <b>Date Assigned:</b> | 02/24/2014   | <b>Date of Injury:</b>       | 02/26/2013 |
| <b>Decision Date:</b> | 07/17/2014   | <b>UR Denial Date:</b>       | 01/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/31/2014 |

### 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 Orthopedic Surgery 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:

Patient is a 52-year-old male who has submitted a claim for left elbow strain, right hand strain, left wrist/hand strain, right knee surgery, and left knee strain associated with an industrial injury date of February 26, 2013. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at low back area, right wrist, left hand, left elbow, and bilateral knees graded 8/10 in severity. Patient likewise had loss of grip strength in his left hand. Physical examination showed tenderness at right knee. MRI of the left wrist dated August 23, 2013 showed extensor digitorum tenosynovitis with degeneration of scapholunate and lunotriquetral ligament. X-rays of left elbow, left wrist, and right hand from December 10, 2013 were normal. Right knee x-ray showed total arthroplasty, no fractures or lucency. Left knee x-ray showed degenerative joint disease in lateral and patellofemoral compartments. MRI of the left elbow, dated 06/25/2013, showed mild medial epicondylitis. MRI of the left knee, dated 06/20/2013, showed increased signal within ACL and PCL fibers which may represent a sprain or mucoid degeneration. Treatment to date has included right knee total replacement on 9/30/13, physical therapy, use of interferential unit, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAYS BILATERAL HANDS:** 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 Non-MTUS Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter, Radiography.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. 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. Indications for X-rays include acute trauma, suspected fracture, chronic wrist pain without specific area of pain specified, among others. In this case, patient complained of pain at right wrist, and left wrist / hand with loss of grip strength. However, medical records submitted failed to provide a comprehensive physical examination of bilateral hands. Moreover, MRI of the left wrist dated August 23, 2013 showed extensor digitorum tenosynovitis with degeneration of scapholunate and lunotriquetral ligament. There is no recent trauma which may warrant radiographic imaging at this time. There is no documented rationale for this request. Therefore, the request for X-rays of bilateral hands is not medically necessary.