

Case Number:	CM14-0125428		
Date Assigned:	08/11/2014	Date of Injury:	06/03/2001
Decision Date:	09/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 49-year-old female with a 6/3/01 date of injury, and status post arthroscopic subacromial decompression, right shoulder 10/7/03. At the time (7/3/14) of the Decision for X-Ray Bilateral Wrists, there is documentation of subjective (left wrist pain rated 7/10 and right wrist pain 8/10) and objective (tenderness to bilateral wrists and positive Phalen's test) findings, current diagnoses (bilateral carpal tunnel syndrome), and treatment to date (not specified). There is no documentation of an indication for imaging X-rays and a four-to-six week period of conservative care and observation.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY BILATERAL WRISTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Radiography.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a four-to-six week period of conservative care and observation, provided red flags conditions are ruled

out, as criteria necessary to support the medical necessity of hand/wrist x-ray. ODG identifies documentation of the following indications for imaging X-rays: Acute hand or wrist trauma, wrist trauma, first exam; Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days; Acute hand or wrist trauma, suspect distal radioulnar joint subluxation; Acute hand or wrist trauma, suspect hook of the hamate fracture; Acute hand or wrist trauma, suspect metacarpal fracture or dislocation; Acute hand or wrist trauma, suspect phalangeal fracture or dislocation; Acute hand or wrist trauma, suspect thumb fracture or dislocation; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified, as criteria necessary to support the medical necessity of hand/wrist x-ray. Within the medical information available for review, there is documentation of a diagnosis of bilateral carpal tunnel syndrome. However, despite documentation of subjective (left wrist pain rated 7/10 and right wrist pain 8/10) and objective (tenderness to bilateral wrists and positive Phalen's test) findings and given no documentation of whether the patient has had previous wrist x-rays, there is no documentation of an indication for imaging X-rays (Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified). In addition, there is no documentation of a four-to-six week period of conservative care and observation. Therefore, based on guidelines and a review of the evidence, the request for X-Ray Bilateral Wrists is not medically necessary.