

Case Number:	CM14-0180574		
Date Assigned:	11/05/2014	Date of Injury:	08/24/2014
Decision Date:	12/31/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 in Anesthesiology, has a subspecialty in Pain Management 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 41-year-old female with a date of injury on 08/24/2014. Documentation from 09/22/2014 indicated that the injured worker was removing packing from a product when she felt a pop in the right hand in the palm area near the middle finger with complaints of pain. Documentation from 09/22/2014 indicated the diagnoses of right shoulder sprain/strain, shoulder impingement, right elbow sprain/strain, lateral epicondylitis, right wrist sprain/strain, carpal tunnel syndrome, and right middle finger trigger finger acquired. Subjective findings 09/22/2014 noted complaints of right shoulder pain, right elbow pain, and right wrist/hand pain. Physical examination of right shoulder from 09/22/2014 was remarkable for motor strength to be a four out of five, a positive impingement test, tenderness to palpation to the acromioclavicular joint, and extension of forty degrees, abduction of fifteen degrees, adduction of forty degrees, external rotation of ninety degrees, internal rotation of ninety degrees, and flexion of one hundred seventy degrees. The right wrist and hand was remarkable for a positive Phalen's test, decrease median nerve sensation, tenderness to palpation at the third finger flexor/extensor tendons, and a radial deviation of fifteen degrees with ulnar deviation of twenty five degrees. The right elbow was remarkable for normal range of motion, extension of zero degrees, flexion of one hundred forty degrees, and tenderness to palpation on the lateral epicondyle, posterior elbow olecranon. Follow up examination from 11/10/2014 noted the injured worker's pain in the right shoulder to be a seven on a scale of one to ten, the right elbow to be an eight on a scale of one to ten, the right wrist to be a seven on a scale of one to ten, and the right hand to be a seven on the scale of one to ten. The pain was also described as dull, stiff, heavy, with numbness, weakness, and cramping to all affected areas. The physician also noted tenderness on examination to the affected sites with painful range of motion. The injured worker received cardio-respiratory testing on 09/22/2014, a six minute walk

pulmonary stress test on 9/25/2014, apnea testing on 10/08/2014, laboratory studies of a comprehensive drug screen panel on 10/09/2014, and a functional capacity evaluation on 10/28/2014. The treating physician noted the treatment plan for magnetic resonance imaging of the right shoulder, right elbow, and the right wrist; electromyogram with nerve conduction velocity study of the bilateral upper extremities; acupuncture of two times four; transcutaneous electrical nerve stimulation unit; physical therapy of two times four; and a referral to medical physician for medication; however medical records provided lacked documentation of any of the above mentioned treatments, treatment plans, or results of treatments provided. Functional Capacity Evaluation performed on 10/28/2014 noted the injured worker to be unable to lift, unable to repetitive reach, and was unable to overhead reach secondary to pain. The documentation provided did not provide specific details of functional improvement, improvement in work function, or in activities of daily living. Medical records from 09/22/2014 noted that the injured worker was unable to perform their usual work. On 10/07/2014, Utilization Review non-certified an x-ray to the right hand. The x-ray of the right hand was noncertified by Utilization Review based on ACOEM 2004 Guidelines that recommends x-rays if fracture or bone chip is suspected and Official Disability Guidelines that recommends x-rays for acute hand or wrist trauma, and suspected scaphoid fracture. Utilization Review denied the right hand x-ray secondary to lack of documentation of direct trauma to the hand and/or wrist with a clinical suspicion of a hand or wrist fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray to right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Radiography

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 diagnoses of right shoulder sprain/strain, shoulder

impingement, right elbow sprain/strain, lateral epicondylitis, right wrist sprain/strain, carpal tunnel syndrome, and right middle finger trigger finger acquired. In addition, there is documentation of conservative care and observation. However, there is no documentation of red flags conditions are ruled out; and acute hand trauma (suspect acute scaphoid fracture, suspect distal radioulnar joint subluxation, suspect hook of the hamate fracture; suspect metacarpal fracture or dislocation, suspect phalangeal fracture or dislocation, suspect thumb fracture or dislocation, suspect gamekeeper injury). Therefore, based on guidelines and a review of the evidence, the request for X-Ray to right hand is not medically necessary.