

Case Number:	CM14-0027447		
Date Assigned:	06/13/2014	Date of Injury:	02/01/2012
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 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 40 year old female with a date of injury on 2/02/2012. Diagnoses include bilateral lateral epicondylitis, bilateral wrist tendinitis, and rheumatoid arthritis. Subjective complaints are of bilateral shoulder, elbow, hand, wrist, knee, and foot/ankle pain. Physical exam of the elbow shows mild decreased bilateral range of motion, no tenderness, no Tinel's sign, and no instability. Hand and wrist exam shows negative Phalen's and Tinel's and negative carpal compression test, with normal grip strength. There is tenderness noted over bilateral flexor and extensor tendons. Treatments have included chiropractic care and medications. The submitted documentation does not indicate any recent acute injury or acute exacerbation of symptoms in the wrists or elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, RADIOGRAPHY.

Decision rationale: ACOEM guidelines do not recommend radiography for routine evaluation of the forearm, wrist, and hand. The ODG recommends standard x-ray only to evaluate acute hand or wrist trauma. For this patient, there is no evidence of recent acute trauma. Furthermore, physical exam does not document any bony abnormalities that would support the use of x-ray at this point in the patient's treatment. Therefore, the medical necessity of x-rays of this joint is not established.

LEFT WRIST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, RADIOGRAPHY.

Decision rationale: ACOEM guidelines do not recommend radiography for routine evaluation of the forearm, wrist, and hand. The ODG recommends standard x-ray only to evaluate acute hand or wrist trauma. For this patient, there is no evidence of recent acute trauma. Furthermore, physical exam does not document any bony abnormalities that would support the use of x-ray at this point in the patient's treatment. Therefore, the medical necessity of x-rays of this joint is not established.

RIGHT HAND X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, RADIOGRAPHY.

Decision rationale: ACOEM guidelines do not recommend radiography for routine evaluation of the forearm, wrist, and hand. The ODG recommends standard x-ray only to evaluate acute hand or wrist trauma. For this patient, there is no evidence of recent acute trauma. Furthermore, physical exam does not document any bony abnormalities that would support the use of x-ray at this point in the patient's treatment. Therefore, the medical necessity of x-rays of this joint is not established.

LEFT HAND X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HAND/WRIST, RADIOGRAPHY.

Decision rationale: ACOEM guidelines do not recommend radiography for routine evaluation of the forearm, wrist, and hand. The ODG recommends standard x-ray only to evaluate acute hand or wrist trauma. For this patient, there is no evidence of recent acute trauma. Furthermore, physical exam does not document any bony abnormalities that would support the use of x-ray at this point in the patient's treatment. Therefore, the medical necessity of x-rays of this joint is not established.

RIGHT ELBOW X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 242.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ELBOW, RADIOGRAPHS.

Decision rationale: The ODG recommends radiographs for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. For this patient, there is no indication of acute injury, or the presence of the guideline recommended diagnoses that require x-ray evaluation. Furthermore, physical exam findings do not demonstrate significant decrease in range of motion, or bony abnormalities that would support x-ray evaluation. Therefore, the medical necessity of an elbow x-ray is not established.

LEFT ELBOW X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 242.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ELBOW, RADIOGRAPHY.

Decision rationale: The ODG recommends radiographs for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. For this patient, there is no indication of acute injury, or the presence of the guideline recommended diagnoses that require x-ray evaluation. Furthermore, physical exam findings do not demonstrate significant decrease in range of motion, or bony abnormalities that would support x-ray evaluation. Therefore, the medical necessity of an elbow x-ray is not established.