

Case Number:	CM14-0033892		
Date Assigned:	06/20/2014	Date of Injury:	02/23/2012
Decision Date:	08/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/18/2014

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 Radiology, has a subspecialty in Neuroradiology 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:

This 68-year-old employee complained of injuring his left wrist on 2/23/2012 with the mechanism of injury not documented. Clinical diagnosis was made of De Quervain's tenosynovitis and degenerative changes. X-rays and MRI of the left hand and wrist on 8/19/2013 and 9/13/2013 respectively were reported to show extensive degenerative changes, synovitis and joint effusion of intercarpal and metacarpophalangeal joints. Past medical history includes diabetes, hypertension, prostate and colon cancer, ankle injury, right knee joint infection and total knee replacement. On 2/12/2014 the patient complained of bilateral wrist pain, left hand numbness, left trigger finger and left wrist nodule.

IMR ISSUES, DECISIONS AND RATIONALES

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

X - Ray Of The Bilateral Hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7 Summary of Recommendations for Evaluating Forearm, Wrist and Hands Complaints. Decision based on Non-MTUS Citation Official Disability guidelines,-TWC, Forearm, Wrist and Hands Chapter, (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-271 AND TANLE 11.7 PG 271,Chronic Pain Treatment Guidelines 9792.23.4 page 5 & 9792.24.2 Page(s): 10.

Decision rationale: The request for x-ray of bilateral wrist following the patient's office visit on 2/12/2014 did not include the clinical indication for the exams. Review of available medical record of that date did not reveal significant progression of the patient's symptoms. Furthermore, there was no history of right hand injury. Since the plain x-rays are mostly indicated for acute injuries to rule out fractures or dislocations, I concur with the UR decision that the request was not medically necessary.