

Case Number:	CM14-0033895		
Date Assigned:	07/23/2014	Date of Injury:	01/27/2013
Decision Date:	08/27/2014	UR Denial Date:	03/05/2014
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 Family Medicine 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 injured worker's date of injury is 01/27/2013. The original injury was the result of a collision while walking into a refrigerator resulting in a twisted left foot and ankle. Another injury involving both hands occurred that same day when the patient reached into a barrel to lift out potatoes. That resulted in burning and stabbing sensations. Chiropractic treatment was performed. An MRI of the cervical spine on 02/11/2014 was negative for nerve or spinal cord compression. MRIs of the wrists were normal. The request is for x-rays of the wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of bilateral wrists/hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wrist & Hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bilateral Wrist/Hand x-rays, Wrist and Hand Chapter.

Decision rationale: The treating physician in the first report of injury dated 02/14/2014, states the claims of the reaching into a barrel of potatoes and experiencing shocks in fingers and hands

lasting 10 to 15 minutes. The report of the findings on physical exam are illegible. There is no new information to suggest new trauma for which an x-ray study is needed to rule out a new fracture. The plan is to rule out CTS (carpal tunnel syndrome). This patient already underwent MRI examination of both wrists. The MRI is a much more sensitive and specific imaging process to look for carpal tunnel abnormalities. Therefore, the request for x-rays of bilateral wrists/hands is not medically necessary and appropriate.