

Case Number:	CM14-0039129		
Date Assigned:	06/30/2014	Date of Injury:	12/10/2010
Decision Date:	12/03/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of December 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; opioid agents; and extensive periods of time off of work. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for x-rays of the right and left wrists. The claims administrator incidentally noted that the applicant had alleged wrist and shoulder pain secondary to cumulative trauma at work as opposed to a specific, discrete injury. In a November 13, 2013 progress note, the applicant reported ongoing complaints of shoulder pain, elbow pain, forearm pain, wrist pain, hand pain, low back pain, and hip pain. The applicant also reported derivative allegations of depression, decreased energy levels, and weight gain. Tenderness was noted about the volar wrist with full range of motion noted about both the left wrist and the right wrist. No appreciable swelling was appreciated about either wrist. X-rays of multiple body parts, including bilateral shoulders, bilateral wrists, lumbar spine, and bilateral hips were ordered while the applicant was placed off of work, on total temporary disability. Tramadol, Naprosyn, and Flexeril were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of right wrist: 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): Table 11-7, page 272..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the routine use of plain film radiography/x-rays for evaluation of the forearm, wrist, and hand is deemed "not recommended." In this case, the fact that the attending provider ordered x-rays of multiple body parts implies that the x-rays were, in fact, being performed for routine or evaluation purposes, with no clear intention of acting on the results of the same. The applicant's presentation with a history of atraumatic wrist pain secondary to cumulative trauma at work, full range of motion about the wrist, and lack of any swelling about the same would effectively argue against the presence of risk factors for which wrist x-rays would have been indicated to evaluate. Therefore, the request is not medically necessary.

X-ray of left wrist: 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): Table 11-7, page 272..

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, the use of x-rays for routine evaluation of the wrist, forearm, and/or hand is deemed "not recommended." In this case, the fact that x-rays of multiple body parts were ordered implies that said x-rays were, in fact, being employed for routine evaluation purposes, with no intention of acting on the results of the same. The applicant's presentation with a history of multifocal pain complaints secondary to cumulative trauma, lack of any focal swelling about either wrist, and full range of motion about both wrists, taken together, argues against the presence of any risk factors for which wrist x-rays would have been indicated to evaluate. Therefore, the request is not medically necessary.