

Case Number:	CM14-0051509		
Date Assigned:	06/23/2014	Date of Injury:	06/28/2013
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 29-year-old woman who sustained a work related injury on June 28, 2013 and subsequently, she developed right hand pain. According to the note dated on January 27, 2014, the patient was complaining of right upper extremity pain causing her severe distress and anxiety. The patient reported difficulty moving her wrist causing problems with her activity of daily living. She also has right pain and burning sensation. Her physical examination was negative objective findings except for right wrist tenderness. The provider requested authorization for x-ray of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to the MTUS guidelines, x-ray of the wrist is recommended in case of carpal tunnel syndrome, ganglion and infection. There is no clinical evidence that the

patient file revealed any of the above diagnosis. Furthermore, the patient physical examination was normal except for focal right wrist tenderness. Therefore, the request for right hand x-ray is not medically necessary.