MAXIMUS Federal Services

Case Number:	CM14-0053725		
Date Assigned:	09/12/2014	Date of Injury:	11/12/2010
Decision Date:	10/16/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/22/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Louisiana. 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 59 year old female who was injured on 11/12/2010. The mechanism of injury is unknown. Prior treatment history has included cortisone injection on 10/29/2013. The patient has had physical therapy but sessions and efficacy are not documented. Office note dated 12/03/2013 indicated the patient presented with complaints pain in the right hand which is mild to moderate. She reported anti-inflammatories help with the pain. On exam, the hands do not demonstrate trigger in the index and long of the right hand after injection. A1 pulley regions still exhibit tightness and swelling. Grip strength demonstrates grip in three successive trials on the right at 5/10 and 2/2. Median nerve is negative for Phalen's, Tinel's, compression test, decreased 2-point discrimination, and thenar muscle weakness/atrophy. The patient is diagnosed with right index and long digit sensing tenosynovitis and status post right carpal tunnel release. Prior utilization review dated 03/24/2014 states the request for X-ray Right Hand is not certified based on evidence submitted.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (updated 02/18/14) Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand, Radiology

Decision rationale: Based on the CA MTUS/ACOEM and ODG, X-Rays are recommended for most patients with known or suspected trauma of the hand, wrist, or both. The conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. In this case, there is no supporting documentation of recent physical examination or any changes from prior imaging findings to support the necessity of this request. Based on the lack of supporting documentation the request is not medically necessary.