

Case Number:	CM14-0065908		
Date Assigned:	07/11/2014	Date of Injury:	09/29/2011
Decision Date:	09/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada and Georgia. 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 injured worker is a 40 year old female who sustained an injury to her right forearm on 09/29/11 while performing her usual and customary duties as a bakery outlet clerk. Clinical note dated 04/03/14 reported that the injured worker's pain level has increased since the previous visit. She reported a new lump on her right arm. Physical examination of the right elbow noted tenderness to palpation over the lateral epicondyle; small ganglion cyst felt in forearm posteriorly; right wrist showed restricted range of motion with pain on extreme movement; positive Tinel's sign; tenderness to first carpometacarpal joint with palpation and passive range of motion; tenderness to palpation over the thenar eminence of the right hand; the injured worker was diagnosed with hand pain, carpal tunnel syndrome, muscle spasms and reflex sympathetic dystrophy of the upper limb. Treatment to date has included activity modifications, work restrictions, medications, bracing, and physical therapy two days a week for an unspecified duration which provided some relief. The injured worker had stellate ganglion blocks on 10/18/13 and 10/25/13 which provided some relief. The injured worker also underwent trigger point injections on 11/05/13 which also helped.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Right Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand chapter, Radiography.

Decision rationale: The request for X-ray of the right forearm between 04/24/14 and 06/08/14 is not medically necessary. The previous request was denied on the basis that the records submitted for review did not contain specific clinical findings suggestive of a right arm fracture or osseous pathology to warrant the imaging study. There was no discussion of prior imaging studies and in consideration of the foregoing issues and referenced evidence based practice guidelines, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant red flags identified that would warrant X-rays of the right forearm. Given this, the request for X-ray of the right forearm is not indicated as medically necessary.