

Case Number:	CM14-0069580		
Date Assigned:	07/14/2014	Date of Injury:	08/31/2012
Decision Date:	10/06/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal 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 injured worker is a 60 year old female on 8/31/2012 to the right hand/wrist. The mechanism of injury is noted as cumulative trauma while performing her usual and customary duties as a fast food restaurant worker. The injured worker was status post right wrist surgery dated May of 2013. Physical therapy initial examination dated 09/17/13 marked the first physical therapy visit. The injured worker completed 38 physical therapy visits for the right hand/wrist that provided some benefit. Progress note dated 04/01/14 reported that the injured worker complained of right wrist pain 3 to 7/10 that was constant and achy. Physical examination of the right wrist noted palmarflexion 20 degrees, dorsiflexion 10 degrees, radial deviation 10 degrees, ulnar deviation 15 degrees; full opposability between the thumb and all other digits with discomfort. The injured worker was diagnosed arthrofibrosis of the right wrist and right upper extremity paras thesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiograph (X-Ray) right hand/right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Basis for denial of previous request was not provided. The injured worker underwent plain radiographs of the right wrist on 11/02/12 that documented no significant abnormalities; MRI of the right wrist dated 10/02/12 revealed mild changes of osteoarthritis in the radial carpal, intercarpal, and carpometacarpal joints; minimal synovial effusion in the radial carpal, intercarpal, and carpometacarpal joints; mild subcutaneous edema around the wrist joint; partial tear of the triangular fibrocartilage complex (TFCC). The injured worker underwent right wrist open reduction internal fixation (ORIF) on 03/13/13. There was no postoperative imaging study provided for review, no report of a new acute injury or exacerbation of previous symptoms, no mention that another surgical intervention was anticipated, physical examination findings of decreased motor strength, increased reflex, or sensory deficits, no additional significant red flags identified that would warrant repeat studies. Given this, the request for X-ray of the right hand/wrist is not indicated as medically necessary.