

Case Number:	CM14-0074484		
Date Assigned:	07/16/2014	Date of Injury:	08/18/2013
Decision Date:	10/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 48-year-old female who was reportedly injured on 08/18/2013. The mechanism of injury was stated to be cumulative trauma. The injured worker's diagnoses include myalgia/myositis, radiculitis and unspecified hand injury. The most recent visit dated June 3, 2014, included complaints of hand, wrist, and forearm pains. The physical examination indicated that the previous tenderness of the first dorsal compartment has decreased considerably. There was a minimal and general global tenderness about the wrist and forearm as well as the palm of the right hand. An X-ray of the right hand, dated 11/28/2013, revealed an unremarkable study. There was a note of round metallic artifact objects over the nail bed of the fourth digit, possible BB's versus nail polish ornaments. There is no other information provided regarding the injured worker's medical history and treatment progress. A retrospective request was made for x-ray of the right hand and was denied on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective X-Ray Right Hand 11/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation, Online Edition, Chapter: Forearm, Wrist and Hand, Radiography, Indication for Imaging - X-Rays

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, Radiography, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines, and in addition to acute trauma, radiographs are indicated for chronic wrist pain as a first study obtained with or without prior injury and no specific area of pain specified. Considering the injured employee's mechanism of injury, symptoms, and physical examination findings, this request for an x-ray of the right hand is medically necessary.