

Case Number:	CM14-0085413		
Date Assigned:	07/23/2014	Date of Injury:	05/23/2008
Decision Date:	09/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational 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 patient is a 43-year-old female who sustained an injury on 05/23/2008. The mechanism of injury is unknown. Progress report dated 04/28/2014 documented the patient to have complaints of right thumb, palmar and wrist pain and swelling that continues. She was given a left thumb splint and recommended to use heat and ice prn. An x-ray of the left wrist and hand to rule out fracture has been requested. Prior utilization review dated 06/03/2014 states the request for X-ray exam of left wrist; X-ray exam left hand is not certified as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray exam of left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, Radiography.

Decision rationale: According to MTUS and ODG guidelines, x-rays are recommended in the evaluation of acute hand or wrist trauma. In this case there is documentation of a fall onto the left hand 2 weeks prior to the request. The patient complains of thumb and wrist pain.

Scapholunate tenderness is noted on exam. X-rays were not previously performed. Medical necessity is established.

X-ray exam left hand: Overturned

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, Radiography.

Decision rationale: According to MTUS and ODG guidelines, x-rays are recommended in the evaluation of acute hand or wrist trauma. In this case there is documentation of a fall onto the left hand 2 weeks prior to the request. The patient complains of thumb and wrist pain. Scapholunate tenderness is noted on exam. X-rays were not previously performed. Medical necessity is established.