

Case Number:	CM14-0187372		
Date Assigned:	11/17/2014	Date of Injury:	08/15/1999
Decision Date:	02/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabn

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 67 year old female who suffered an injury to her right and left hands on 08/15/99 as a result of repetitive activity as a card dealer. Per the physician notes from 10/13/14 she is noted to have severe osteoarthritis of her hands and wrists, with the right worse than the left. The third MIP joint on the right hand is fused, and many other joints are becoming more fused as time goes on. Her medication is hydrocodone. On exam, her hands were noted to be clearly arthritic with deviation. The recommendation was for 2 view x-rays of both hands. The last noted x-rays were 11 years ago. The request is for x-ray 2 views of the left hand. This request was denied by the Claims Administrator and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray for 2 views of the left hand, as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand

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, & Hand, Radiography.

Decision rationale: The patient presents with bilateral arthritic hands, right worse than left, with fusion of the right third MIP joint and stiffening of other joints in both hands with pain in left hand and wrist. The current request is for X-Ray for 2 views of the left hand as an outpatient. The treating physician states that there is significant arthritic disease based on the motion of her hand. The ODG guidelines recommend radiography for chronic wrist pain. The current request is medically necessary.