

Case Number:	CM14-0197534		
Date Assigned:	12/05/2014	Date of Injury:	09/25/2013
Decision Date:	01/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

Patient with reported date of injury on 9/25/2013. Mechanism of injury is described as cumulative trauma. Patient has a diagnosis of ulnar nerve/elbow surgery and bilateral lateral epicondylitis. Patient is post transposition of L ulnar nerve and fasciotomy of L flexor carpi ulnaris surgery to L elbow on 4/11/14 and R ulnar nerve transposition surgery on 6/6/14. Medical reports reviewed. Last report available until 10/16/14. Patient is complaining of L upper extremity with no improvement after surgery. Pt has bilateral elbow pain worsened with typing and repetitive motion. Pain to mostly to medial and lateral parts of elbow. Also complains of wrist pains. Objective exam reveals healed scars. Median and ulnar nerve "irritability". No motor deficits. Range of motion was normal. Tinel's is positive over cubital fossa and carpal tunnels bilaterally. No rationale for X-rays of wrist was documented. X-rays of R wrist (1/23/13) was normal. EMG/NCV (11/11/13) of L upper extremity reveals mild ulnar neuropathy across elbow. Patient has had reports of physical therapy with mild benefit. Independent Medical Review is for x ray of bilateral wrists. Prior UR on 11/10/14 recommended non-certification. It approved X-rays of elbows and consultation with orthopedics.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the bilateral wrists x1: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

Decision rationale: As per ACOEM guidelines, radiographs of wrist are only recommended for potential fractures. Routine radiographs have no utility. The provider has failed to provide a valid rationale for wrist X-rays since patient has yet to fail any conservative care and has had recent negative xrays, the request is not medically necessary.