

Case Number:	CM14-0203536		
Date Assigned:	12/16/2014	Date of Injury:	06/03/2013
Decision Date:	02/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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 44-year-old individual with an original date of injury from dates of September 2012 to September 2013. The industrial diagnoses include knee pain, knee strain, shoulder impingement, elbow pain, and wrist pain. The disputed issue is a request for wrist x-rays. According to a progress note on August 6, 2014, there is documentation on physical examination of right wrist pain at end range of motion. There is tenderness along the ventral aspect and palm of the hand. The treatment plan includes a request for physical therapy for 12 sessions, but there is no specified body region for this request. There is no follow-up commentary of what specific gains are made in physical therapy. A relevant progress note from date of service 11/5/2014 specifies the request for this x-ray. There is documentation on physical exam of findings of elbow, shoulder, wrist pain. Parts of the note are difficult to interpret because of the handwriting.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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): 268-272.

Decision rationale: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions (such as fracture, dislocation, and osteoarthritis) are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. Radiography Recommended: Plain films for suspected scaphoid fracture, repeat films in 7-10 days. Optional: Limited bone scans to detect fractures if clinical suspicion exists. Not Recommended: Routine use for evaluation of forearm, wrist, and hand. According to a progress note on August 6, 2014, there is documentation on physical examination of right wrist pain at end range of motion. There is tenderness along the ventral aspect and palm of the hand. The treatment plan includes a request for physical therapy for 12 sessions, but there is no specified body region for this request. There is no follow-up commentary of what specific gains are made in physical therapy. A relevant progress note from date of service 11/5/2014 specifies the request for this x-ray. There is documentation on physical exam of findings of elbow, shoulder, wrist pain. Parts of the note are difficult to interpret because of the handwriting. In the case of this request, there is a lack of documentation regarding the need for wrist x-rays and what specific conservative measures have failed. Therefore, this request is not medically necessary.