

Case Number:	CM14-0094414		
Date Assigned:	09/12/2014	Date of Injury:	10/06/2010
Decision Date:	01/26/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 40 year old patient with date of injury of 10/06/2010. Medical records indicate the patient is undergoing treatment for status post radial nerve decompression, left arm reflex sympathetic dystrophy, left shoulder, left elbow, bilateral wrist and right hand cephalgia, dizziness, left hemihypoesthesia, left TMJ pain, emotional distress, sleep disturbance and cognitive impairment. Subjective complaints include neck pain that radiates down into left shoulder, arm and fingers and pain in right arm. Objective findings include steady gait, left hand flexion contracture and atrophy of left forearm and unable to flex or extend left hand. The patient has atrophy throughout the left flexor and extensors musculature as compared to right arm and tremor in left hand at rest. MRI left wrist dated 04/07/2014 revealed no fracture, mild degenerative disease of first carpometacarpal joint and mild extensor tenosynovitis. MRI of cervical spine from 04/07/2014 revealed mild straightening of the normal cervical lordosis, no MR evidence for spinal canal or neural foraminal stenosis. MRI left shoulder dated 04/07/2014 revealed mild supraspinatus tendinosis. Nuclear medicine (NM) bone scan dated 06/18/2012 revealed no scintigraphic evidence of complex regional pain syndrome/reflex sympathetic dystrophy noted in the left lower extremity. Treatment has consisted of stellate blocks, acupuncture, cervical spine injections, occupational therapy, Ibuprofen, electromyography testing, Neurontin, Opana, Prilosec, Topamax, Albuterol, Alprazolam, Buspirone, Ferrous Sulfate, Levothyroxine and Norco. The Utilization Review determination was rendered on 05/22/2014 recommending non-certification of x-ray left hand anatomical rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Left Hand Anatomical Rating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter, Forearm, Wrist, and Hand: Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266-278. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Radiography

Decision rationale: MTUS ACOEM Practice Guidelines states "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 are ruled out"Official Disability Guidelines, Indications for imaging -- X-rays:- Acute hand or wrist trauma, wrist trauma, first exam- Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days - Acute hand or wrist trauma, suspect distal radioulnar joint subluxation- Acute hand or wrist trauma, suspect hook of the hamate fracture- Acute hand or wrist trauma, suspect metacarpal fracture or dislocation- Acute hand or wrist trauma, suspect phalangeal fracture or dislocation- Acute hand or wrist trauma, suspect thumb fracture or dislocation- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specifiedThe treating physician has not provided documentation as to why this x-ray is being requested this far post initial injury. There is no indication that this patient has had a re-injury, new injury, or evidence of red flag symptoms. Further, an MRI of this region is noted to have been previously completed which should alleviate the need for additional plain film studies. As such the request for x-ray left hand anatomical rating is not medically necessary.