

<b>Case Number:</b>	CM15-0131573		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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  
 Certification(s)/Specialty: Family Practice

### 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 26 year old male who sustained an industrial injury on February 13, 2013. He has reported injury to the right elbow into the forearm, wrist, and had and has been diagnosed with status post right elbow ulnar decompression, status post right elbow partial medial, rule out carpal tunnel syndrome, right shoulder sprain and strain, right neck spasm, and left wrist sprain and strain. Treatment has included medications. Pain in the elbow, forearm, wrist and hand was rated a 6 out of 10. There was decreased grip strength. There was right shoulder pain with overhead use. 8 out of 10 at times with radiating pain up the right side of the neck. Also complains of left wrist and hand pain with decreased grip strength. The treatment request included X-ray of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray Right Wrist:** Upheld

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

**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 Chapter/Radiography.

**Decision rationale:** According to the Official Disability Guidelines Forearm, Wrist, & Hand Chapter, radiography is recommended as indicated. For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. Thus, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. A review of the medical records does not establish evidence of trauma, red flags or significant positive examination findings that would support the requested imaging. The request for X-ray Right Wrist is not medically necessary and appropriate.