

Case Number:	CM15-0135330		
Date Assigned:	07/23/2015	Date of Injury:	02/03/2010
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 49 year old male who reported an industrial injury to the left wrist and hand on 2/3/2010. His diagnoses, and or impression, were noted to include: right shoulder tendinosis with partial rotator cuff tear. No current imaging studies were noted. His treatments were noted to include acupuncture treatments; chiropractic therapy; physical therapy; injection therapy- right shoulder/elbow/wrist; surgeries) right upper extremity decompression 5/2011 & right carpal tunnel release with ulnar nerve decompression 2/2013); physical therapy - good relief; ice heat therapy; and medication management. The progress notes of 5/29/2015 reported complaints of right shoulder/elbow/wrist complaints, now with, increased, left elbow/wrist complaints from protecting his other arm, associated with pins/needles and weakness, and that is 50% relieved by medications. Objective findings were noted to include decreased internal rotation of the right shoulder; positive arm drop; positive supra-spinatus; positive Neer's impingement; and positive impingement. The physician's requests for treatments were noted to include an x-ray of the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 1 X-ray of the bilateral wrist (DOS 5/29/2015): 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 (ODG), Forearm, Wrist and Hand - Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiography- Forearm, Wrist, & Hand (Acute & Chronic).

Decision rationale: Retrospective request: 1 X-ray of the bilateral wrist (DOS 5/29/2015). 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. Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The documentation does not indicate extenuating circumstances that would necessitate bilateral wrist x-rays. The patient has had a prior MRI of both wrists in 2012. There is no evidence of new trauma since then. The recent physical exam findings do not reveal red flag conditions of the wrists that would necessitate x-rays therefore this request is not medically necessary.