

Case Number:	CM15-0136194		
Date Assigned:	07/24/2015	Date of Injury:	12/01/2013
Decision Date:	08/27/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/14/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 69-year-old male sustained an industrial injury on 12/01/13. He subsequently reported right shoulder and left wrist pain. Diagnoses include right shoulder sprain, strain, and right shoulder impingement syndrome. Treatments to date include MRI testing, right shoulder surgery, acupuncture, prescription pain medications and physical therapy. The injured worker continues to experience right shoulder and left wrist pain. Upon examination, painful right shoulder range of motion was noted. The left wrist revealed pain with ulnar/ radial deviation. A request for X-rays of bilateral wrist eight views was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of bilateral wrist eight views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: ACOEM states that stress x-rays can be used to identify ligamentous instability. The patient is diagnosed with carpal instability by the AME and stress views comparing the right and left side would assist in determining the presence of instability relative to the reference wrist. Therefore, the 8 views for right and left wrists is medically necessary since it will assist with diagnosis and treatment.