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| Case Number: | CM15-0143483 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 08/12/2014 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old female who reported an industrial injury on 8-12-2014. Her diagnoses, and or impression, were noted to include: cervical sprain-strain, consider impingement; and bilateral wrist-hand sprain-strain, consider carpal tunnel syndrome. Recent magnetic imaging studies of the right upper extremity were done on 2-18-2015, noting abnormal findings. Her treatments were noted to include: acupuncture therapy; medication management; and modified work duties. The progress notes of 5-20-2015 reported occasional neck and "SCM" pain with stiffness; frequent moderate, radiating right shoulder pain into the arm; constant, moderate right wrist pain, with numbness and tingling, and aggravated by activities; intermittent-frequent right hand pain; and intermittent, mild-moderate left wrist-hand pain. Objective findings were noted to include that she was wearing a right wrist brace; positive distraction test of the cervical spine with decreased and painful range-of-motion; hypoesthesia of the right cervical-thoracic dermatomes; and tenderness over the bilateral wrists-hands, carpal bones and volar surfaces, with positive right Tinel's, positive bilateral Phalen's test, painful-decreased range-of-motion, and decreased grip on the right. The physician's requests for treatments were noted to include x-rays of the bilateral wrists and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xray left wrist and hand: Upheld

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): 268.

Decision rationale: The patient presents with occasional neck and SCM pain with stiffness; frequent, moderate right-shoulder pain radiating into the arm; constant moderate right wrist pain, with numbness and tingling, aggravated by activities; intermittent-frequent right hand pain; and intermittent, mild-moderate left wrist-hand pain. The current request is for X-ray left wrist and hand. The treating physician states, in a report dated 05/20/15, "I am also recommending that the patient also undergo x-rays of the bilateral wrists and hands. The patient has been symptomatic for more than six months." (47B) The ACOEM guidelines state, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." In this case, the treating physician, based on the records available for review, notes that [the patient] reported her injuries to her employer on 09/12/2014, and was sent to [REDACTED], where she was evaluated and received x-rays of her right wrist. (43B) No mention is made in the available reports of an x-ray to the left wrist. Furthermore, no red-flag conditions are noted and there is no diagnosis suspecting fracture or dislocation. There is nothing to support the need for an X-ray of the left wrist or hand. The current request is not medically necessary.

Xray right wrist and hand: Upheld

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): 268.

Decision rationale: The patient presents with occasional neck and SCM pain with stiffness; frequent, moderate right-shoulder pain radiating into the arm; constant moderate right wrist pain, with numbness and tingling, aggravated by activities; intermittent-frequent right hand pain; and intermittent, mild-moderate left wrist-hand pain. The current request is for X-ray right wrist and hand. The treating physician states, in a report dated 05/20/15, "I am also recommending that the patient also undergo x-rays of the bilateral wrists and hands. The patient has been symptomatic for more than six months." (47B) The ACOEM guidelines state, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." In this case, the treating physician, based on the records available for review, notes that [the patient] reported her injuries to her employer on 09/12/2014, and was sent to [REDACTED], where she was evaluated and received x-rays of her right wrist. (43B) The results of the right wrist X-rays are not contained in the reports available for review.

Furthermore, no red-flag conditions are noted and there is no diagnosis suspecting fracture or dislocation. There is nothing to support the need for additional X-rays of the right wrist. The current request is not medically necessary.