

Case Number:	CM15-0145757		
Date Assigned:	08/07/2015	Date of Injury:	10/09/2013
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, 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 54-year-old male who sustained an industrial injury on October 9, 2013 resulting in left upper extremity pain. He is diagnosed with left wrist sprain, tardy ulnar nerve palsy, left medial epicondylitis and cubital tunnel syndrome. Documented treatment has included elbow surgery, and medication with report of minimal relief of wrist pain on. The injured worker continues to present with left wrist pain and weakness on 5/28/15. The patient has had numbness in left hand, radiation of pain in left arm, and muscle weakness and pain worse with activities. Physical examination of the left wrist revealed no swelling, no atrophy and full ROM. The patient has had decreased sensation in right upper extremity. The treating physician's plan of care includes anteroposterior and lateral x-ray of the left wrist. The physician's report of May 29, 2015 states he may return to modified work. The patient has had EMG of bilateral upper extremity on 5/14 /15 that was normal. The patient sustained the injury due to slip and fall incident. The patient has had MRI of the cervical spine on 1/22/15 that revealed degenerative changes. The medication list includes Motrin, Prilosec, and Norco. The patient's surgical history includes left CTR on 8/7/14 and left elbow surgery in 2013. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xray A/P (anteroposterior) & Lateral, Left Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Indications for imaging, X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Forearm, Wrist, & Hand (updated 06/29/15) Radiography.

Decision rationale: X-ray A/P (anteroposterior) & Lateral, Left Wrist - Per cited ACOEM guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders". ACOEM guidelines do not address this issue completely hence, ODG guidelines are used. Per the ODG guidelines cited below, regarding wrist X-ray "Acute hand or wrist trauma, wrist trauma, chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified". He is diagnosed with left wrist sprain, tardy ulnar nerve palsy, left medial epicondylitis and cubital tunnel syndrome. The injured worker continues to present with left wrist pain and weakness on 5/28/15. The patient has had numbness in left hand, radiation of pain in left arm, and muscle weakness and pain worse with activities. The patient's surgical history includes left CTR on 8/7/14 and left elbow surgery in 2013. Patient has been treated conservatively with medication and PT visits and is still having pain. He also has a history of left wrist surgery. It is appropriate at this time to evaluate the left wrist further with x-rays. The request for X-ray A/P (anteroposterior) & Lateral, Left Wrist is medically necessary and appropriate for this patient at this time.