

Case Number:	CM15-0146195		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
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: California, North Carolina
 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 53 year old male who sustained an industrial injury on 07-09-2014 while working under a truck when another vehicle hit the truck causing the transmission to fall onto the injured worker. The injured worker was diagnosed with lumbosacral sprain and strain, bilateral rib fractures, left hand fracture, left hand tenosynovitis, bilateral shoulder sprain and strain with rule out internal derangement, left wrist sprain and strain, rule out left carpal tunnel syndrome and internal derangement, left elbow sprain and strain and rule out left elbow internal derangement, left forearm abrasion and strain, post traumatic headaches and bilateral hip sprain and strain. The injured worker is status post left hand surgery and left forearm surgery (no dates or procedures documented). Treatment to date has included diagnostic testing, surgery, physical therapy, acupuncture therapy, massage, conservative measures and medications. According to the primary treating physician's progress report on July 1, 2015, the injured worker continues to experience neck, thoracic, lumbar, bilateral shoulder, left elbow, forearm, wrist and hip pain. The left forearm pain is associated with weakness radiating up to the elbow and upper arm and numbness and tingling radiating into the fingers of the left hand. Examination of the left shoulder demonstrated decreased range of motion with tenderness to palpation of the acromioclavicular joint, anterior and lateral shoulder, bicipital groove, glenohumeral joint, inferior border of the scapula, rhomboid, supraspinatus and trapezius muscles. Impingement test was positive. The left elbow was tender to palpation at the cubital fossa, lateral and medial elbow, medial epicondyle and olecranon process with a positive Tinel's sign. Range of motion was documented as 0 degree extension and flexion at 90 degrees. The left forearm had a well healed surgical scar to the volar

forearm with painful range of motion. There was tenderness to palpation of the forearm, ulnar and volar areas. The left wrist was tender to palpation of the anatomical snuffbox, dorsal and volar wrist with positive Tinel's, Phalen's and Finklestein's tests. There was a well healed surgical scar on the left dorsal hand with decreased and painful range of motion and tenderness to palpation of the palmar aspect of the left hand. Current medications were documented as Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, Ranitidine and topical analgesics and creams. Treatment plan consists of the current request for an X-ray of the left forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of left forearm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270.

Decision rationale: CA MTUS Guidelines state that for most patients presenting with true upper extremity problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Special studies are also indicated in situations where red flag conditions exist, such as tissue insult or progressive neurologic dysfunction. The request for a left forearm x-ray over 1 year past the date on injury is not medically necessary. No red flags and/or positive neurologic/orthopedic findings of instability/impingement have emerged to support the request of a forearm x-ray.