

Case Number:	CM15-0146255		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
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:

This is a 53 year old male patient who sustained an industrial injury on 7-9-2014. He was injured while working on a company truck when it was hit by another vehicle causing the transmission to fall on him. He was stuck under the vehicle until his co-workers lifted the truck off of him causing injuries to the neck, mid back, low back, left hip, left hand, wrist, both ribs, both shoulders, headaches, right foot , and forehead. Diagnoses include lumbosacral strain sprain, rule out lumbar disc protrusion, cervical sprain strain, rule out cervical disc protrusion, bilateral rib fractures, left hand fracture, left hand tenosynovitis, status post left hand surgery, right shoulder sprain strain, rule out right shoulder internal derangement, left shoulder sprain strain, rule out left shoulder internal derangement, left wrist sprain strain, rule out carpal tunnel syndrome, rule out left wrist internal derangement, right hip sprain strain, rule out right hip internal derangement, left hip sprain sprain, rule out left hip internal derangement, thoracic sprain strain, left elbow sprain strain, rule out left elbow internal derangement, left forearm abrasion, left forearm strain, status post-surgery, left forearm, headaches, and headaches, post traumatic, chronic. Per the doctor's note dated 5/27/2015 and 7/1/2015, he had complaints of headache, neck pain with radiation to the left upper extremities, low back pain, thoracic pain, left and right shoulder pain, left elbow pain, left forearm pain, left wrist and hand pain, left hip pain, right hip pain, difficulty sleeping and depression. The physical examination revealed tenderness of the cervical spine, thoracic, and lumbar spine, decreased lumbar range of motion, tenderness of the right shoulder with decreased range of motion, tenderness to the left shoulder with decreased range of motion, positive impingement test on bilateral shoulder; tenderness to the left elbow with decreased range of motion, the left forearm- painful with range of motion, tenderness

to the left wrist with decreased range of motion, tenderness to the left hand with painful range of motion, tenderness to the right hip with decreased range of motion, tenderness to the left hip with decreased range of motion; pain with straight leg raising test; positive Tinel's, Phalen's and Finkelstein test on the left wrist, pain with cervical compression. The medications list includes naproxen, omeprazole, cyclobenzaprine and topical compound medications. He has undergone left hand surgery. He has had physical therapy visits for this injury. Authorization was requested for an x-ray of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Left Hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: X-Ray of Left Hand. Per the ACOEM's Occupational Medicine Practice Guidelines "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. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture." Patient has history of significant injury with rib fracture and left hand surgery. Per the records provided patient has neurological symptoms on the left upper extremity- elbow, forearm and wrist/hand pain. He has significant objective findings on the physical examination -tenderness and decreased range of motion of the cervical spine, bilateral shoulder, left elbow, left wrist/hand, pain with cervical compression, positive Impingement bilaterally, positive Tinel's and Phalen's and Finkelstein's testing on the left wrist. Per the cited 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 may be warranted if the medical history and physical examination suggest specific disorders." Patient has tried physical therapy and pharmacotherapy without improvement. At this juncture, it is medically appropriate to perform left hand X-ray to objectively evaluate his left upper extremity symptoms. The request of X-Ray of Left Hand is medically appropriate and necessary for this patient.