

Case Number:	CM15-0146371		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
Decision Date:	09/04/2015	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: 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 53 year old male, who sustained an industrial injury on July 9, 2014, incurring neck, mid and lower back; left hip, left hand, left wrist, ribs, shoulders, head and right foot injuries after a transmission fell on him under a truck. He was diagnosed with a left hand fracture, left wrist sprain, left hand tenosynovitis, right shoulder sprain, left shoulder sprain, lumbar spine strain, cervical spine and right hip sprain. Treatment included left hand surgery, anti-inflammatory drugs, muscle relaxants, topical analgesic creams, chiropractic sessions, physical therapy, acupuncture, and transcutaneous electrical stimulation unit and activity restrictions. Currently, the injured worker complained of constant sharp pain in the left wrist with stiffness, numbness and tingling radiating to the hand and fingers associated with grabbing, grasping, squeezing, pushing and pulling repetitively. The treatment plan that was requested for authorization included an x ray of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xray, Left Wrist: Overturned

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): Tables 11-1 and 11-7.

Decision rationale: The MTUS/ACOEM Guidelines comment on the indications for plain films/X-rays of the wrist. Specifically, the clinician should assess for the presence of any red flag signs or symptoms which may indicate the potential for a serious underlying condition. These are outlined in Table 11-1. Included in this table is evidence of point tenderness on physical examination. In this case, the medical records demonstrate the presence of point tenderness on physical examination of the wrist. Specifically, the clinician noted the following: positive snuffbox tenderness. The "snuffbox" of the wrist corresponds to the anatomical position above the midpoint of the scaphoid bone in the wrist. Table 11-7 in the above-cited MTUS guidelines provides a summary of the recommendations for wrist complaints. This summary recommends plain films of the wrist when a scaphoid fracture is suspected. In summary, the clinician documented evidence of point tenderness in the wrist in the snuffbox area. As this suggests the potential for a scaphoid fracture, it is recommended to order plain X-rays of the wrist. An X-ray of the left wrist is therefore medically necessary in this patient.