

Case Number:	CM15-0165455		
Date Assigned:	09/03/2015	Date of Injury:	07/29/2013
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on July 29, 2013. Several documents within the submitted medical records are difficult to decipher. The injured worker reported slipping and falling with injury to her neck, shoulder, elbow, wrist and back. The injured worker was diagnosed as having medial epicondylitis, shoulder impingement, cubital tunnel syndrome, flexor carpi radialis tendonitis and carpal tunnel syndrome. Treatment to date has included medication, splint, home exercise program (HEP) and injection. A progress note dated July 8, 2015 provides the injured worker complains of right shoulder and wrist pain with swelling and numbness and tingling in the hand. Physical exam notes right shoulder tenderness to palpation and decreased range of motion (ROM) and weakness. There is right wrist tenderness to palpation, decreased range of motion (ROM), positive grind and crepitus. The plan includes magnetic resonance angiography (MRA), medication, X-ray and surgical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray of the right wrist is not medically necessary. X-rays are indicated for most patients with known or suspected trauma of the hand, wrist or both. The conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. The indications for radiographic imaging are enumerated in the Official Disability Guidelines. See the guidelines for details. In this case, the injured worker's relevant working diagnoses that relate to the issue are right forearm and wrist flexor and extensor tendinitis with associated carpal tunnel syndrome. The date of injury is July 29, 2013. Request authorization is July 17, 2015. The documentation shows the injured worker had an x-ray of the right wrist at the time of the injury. According to an AME dated February 23, 2015, the injured worker had a repeat x-ray of the right wrist. The x-ray report was unremarkable. There were no fractures noted. According to the July 8, 2015 progress note by the treating orthopedist, subjectively the injured worker has complaints of pain and swelling with radiation to the hands and numbness and tingling. Objectively, there was tenderness to palpation F/E tendon. The treating provider submitted authorization for an MRA of the right wrist to further evaluate the right wrist. There is no clinical indication or rationale for repeating right wrist x-rays having been performed (second time) February 23, 2015. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for repeating right wrist x-rays (a third time), x-ray of the right wrist is not medically necessary.