

Case Number:	CM15-0195060		
Date Assigned:	10/08/2015	Date of Injury:	10/05/2011
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic low back, knee, and wrist pain reportedly associated with an industrial injury of October 15, 2011. In a Utilization Review report dated September 25, 2015, the claims administrator failed to approve a request for x-ray imaging of the right wrist. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 16, 2015, urine drug testing, manipulative therapy, tramadol, a follow-up visit, naproxen, Prilosec, Flexeril, lumbar MRI imaging, MRI imaging of the bilateral knees, MRI imaging of the bilateral wrists, x-ray imaging of the lumbar spine, x-ray imaging of the bilateral knees, x-rays of both wrists, a psychiatric evaluation, and electrodiagnostic testing of bilateral upper and bilateral lower extremities were all ordered. Topical compounds, Flexeril, naproxen, and a psychological consultation were also sought. On an associated progress note of September 17, 2015, the applicant reported multifocal complaints of low back, knee, and wrist pain. The applicant exhibited positive Phalen signs about the wrist. The applicant was given a primary operating diagnosis of carpal tunnel syndrome insofar as the wrists were concerned. The note was thinly and sparsely developed and comprised, in large part, of preprinted checkboxes. X-rays and MRIs of multiple body parts were endorsed, along with manipulative therapy and urine drug testing. The applicant was given work restrictions, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand and Wrist, updated 6/29/2015 indications for imaging-X-rays.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: No, the request for x-rays of the right wrist was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of plain film radiography for evaluation of the forearm, wrist, and hand is deemed "not recommended." Here, the attending provider's progress note and RFA form of September 16, 2015-September 17, 2015 failed to outline a clear or compelling rationale for the study in question. It was not clearly stated what was sought. It was not clearly stated what was suspected. The fact that multiple x-rays and MRIs of multiple body parts to include the bilateral knees, bilateral wrists, and low back were all concurrently ordered on the same date of service strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 also scores plain film radiography 1/4 in its ability to identify and define suspected carpal tunnel syndrome, i.e., the presumptive diagnosis here, per the treating provider's September 17, 2015 office visit. The treating provider did not clearly state why radiography was being sought for a diagnosis which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272. Therefore, the request was not medically necessary.