

<b>Case Number:</b>	CM15-0202924		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/27/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 34 year old male patient, who sustained an industrial injury on July 27, 2015. He sustained the injury due to cumulative trauma. The diagnoses include depression, carpal tunnel syndrome, radiculopathy, cervical sprain and strain, knee sprain and strain, lumbar sprain and strain, wrist sprain and strain, and unspecified acute reaction to stress. Per the doctor's note dated 9/25/15, he had complaints of cervical pain with radiation to the upper extremities; lumbar pain, bilateral wrist pain, bilateral knee pain and ongoing stress. Per the Doctor's First Report dated August 28, 2015, he had complaints of pain to the neck into the shoulders, pain to the wrist and hand along with numbness and tingling, and stress, anxiety, and depression. Examination performed on August 28, 2015 revealed positive Phalen's testing bilaterally, decreased range of motion to the bilateral wrists and hands, decreased sensation to the bilateral medial nerve, tenderness to the distal flexor and extensor tendons, decreased range of motion to the cervical spine, positive compression testing, positive shoulder compression testing bilaterally, and spasm and tenderness to the upper trapezius and sub occipital regions bilaterally. The current medications list is not specified in the records provided. The medical records provided did not include prior treatment and diagnostic studies to date. On August 28, 2015 the treating physician requested x-rays of the bilateral wrists. On September 22, 2015 the Utilization Review determined the request for x-rays of the bilateral wrists to be non-approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the Bilateral wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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

**Decision rationale:** 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". Indications listed above that would require bilateral wrist X-rays are not specified in the records provided. Evidence of red flag signs is not specified in the records provided. Response of trial of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. 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." A detailed physical examination of the right wrist suggesting specific disorders is not specified in the records provided. Snuff box tenderness on exam is not specified in the records provided. The request for an X-ray of the Bilateral wrist is not medically necessary or established for this patient.