

Case Number:	CM15-0029741		
Date Assigned:	02/23/2015	Date of Injury:	10/01/2011
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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:

This female sustained an industrial injury to the right wrist and elbow on 10/1/11. Previous treatment included magnetic resonance imaging, trigger finger release, injections and medications. In an office visit dated 1/14/15, the injured worker complained of pain across the wrist joint and finger numbness upon raising her arm up. The injured worker reported that injections done over a year ago provided temporary relief. Physical exam was remarkable for tenderness along the wrist joint. Current diagnoses included discogenic cervical condition with spasms, upper back sprain, right lateral epicondylitis, cubital tunnel syndrome, wrist joint inflammation, intersection syndrome and chronic pain syndrome. The treatment plan included medications (Lidoderm patch, Tramadol ER, Nalfon, Protonix and LidoPro lotion) and x-ray anterior/posterior oblique for right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray anterior/posterior Oblique for Right hand: 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, radiographs (x-rays) anterior-posterior, oblique of the right hand are not medically necessary. Radiography is indicated for most patients with known or suspected trauma of the hand, wrist or both. Conventional radiographic surveys provide adequate diagnostic information and guidance to the surgeon. Indications for imaging include, but are not limited to, acute hand or wrist, wrist, first exam; and suspect acute scaphoid fracture; suspect distal radioulnar joint subluxation; suspect hook of the hamate fracture, etc. In this case, the injured worker's working diagnoses are discogenic cervical condition with spasms; upper back sprain; epicondylitis; cubital tunnel syndrome; wrist joint inflammation; intersection syndrome, status post injection with short-term relief on distal forearm on the right; status post trigger finger release; and chronic pain syndrome. Progress note dated January 14, 2015 indicates the injured worker underwent magnetic resonance imaging scan the affected hand in the past. The MRI showed a TFCC tear at the right wrist and osteoarthritis. The treating physician is now requesting radiographs of the hand due to increased pain status post injections. There is no new history of trauma. Objectively, there is tenderness over the wrist joint. There is no clinical rationale the medical record for the hand radiographs. Consequently, absent clinical documentation with a prior magnetic resonance imaging scan and no recent trauma or clinical rationale, radiographs (x-rays) anterior-posterior, oblique of the right hand are not medically necessary.