

Case Number:	CM15-0219061		
Date Assigned:	11/10/2015	Date of Injury:	04/08/2015
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 31-year-old male with a date of industrial injury 4-8-2015. The medical records indicated the injured worker (IW) was treated for carpal tunnel syndrome, right and left; radial styloid tenosynovitis, right wrist; and other synovitis and tenosynovitis, left forearm. In the progress notes (10-9-15), the IW reported pressure in the left volar hand and tingling to the left little finger and left ring finger. He also reported increased wrist pain. On examination (10-9-15 notes), there was positive Tinel's sign at the left carpal tunnel and positive responses to carpal compression maneuvers at the left carpal tunnel, affecting the left little finger and left middle finger. Tinel's sign was positive at the right carpal tunnel for the right ring finger. The right radial wrist was tender. Positive Finkelstein's response was noted at the right wrist first dorsal compartment. There was pain in the dorsal left wrist with active and resisted ranges of motion. Sensory and vascular exams were intact. Treatments included occupational therapy (at least 5 sessions), massage, home exercises and wrist splints. X-rays of the right hand on 4-15-15 were normal; x-rays of the bilateral hands and wrists on 7-23-15 were interpreted by the provider as "no gross abnormalities". Electrodiagnostic testing of the bilateral upper extremities on 5-4-15 was normal. The IW was temporarily totally disabled. The treatment plan was for further x-rays of the bilateral hands, continued wrist splints and hand exercises. There was no documentation of any new trauma since the previous x-rays. A Request for Authorization dated 10-21-15 was received for bilateral hand x-rays. The Utilization Review on 10-28-15 non-certified the request for bilateral hand x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral hand x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition) 2015, Chapter Forearm, Wrist and Hand.

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

Decision rationale: This 31 year old male has complained of hand and wrist pain since date of injury 4/8/2015. He has been treated with occupational therapy and medications. The current request is for bilateral hand x rays. The available medical records show documentation of bilateral hand x-rays performed in 07/2015. There is no documentation of any new injury, patient symptomatology or new physical examination findings since the previous hand films that would indicate the necessity of repeat hand films. On the basis of the available medical records and per the MTUS guidelines cited above, bilateral hand x rays are not medically necessary.