

Case Number:	CM15-0044087		
Date Assigned:	03/16/2015	Date of Injury:	10/21/2014
Decision Date:	04/22/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28-year-old female who sustained a work related injury on October 21, 2014. She was trying to assist a passenger, who was having a seizure, and injured her back, shoulder and neck. She was diagnosed with diffuse cervicobrachial syndrome, thoracic radiculitis and an injury to the lumbosacral plexus. Treatment included physical therapy, chiropractic manipulation, medications and home exercise program. Currently, the injured worker complained of persistent shoulder pain and discomfort with no relief from prior treatments. The plan that was requested for authorization included an x ray study of the left forearm and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray study of the left forearm/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, 272.

Decision rationale: Regarding the request for x-rays of the wrist, California MTUS supports x-rays for red flag conditions such as fracture, dislocation, and osteoarthritis or after a 4-6 weeks period of conservative treatment. They recommend against routine use for evaluation of forearm, wrist, and hand conditions. Within the documentation available for review, there is documentation that the patient is beyond 4-6 weeks of conservative treatment. The Doctor's First Report of Occupational Injury from February 2015 indicate the patient has had months of conservative care. However, it does not address whether prior x-rays have been performed. In fact, the DFOI requests that the patient's old medical records be forwarded to the new provider's office. Therefore, it is important for the requesting provider to review the old medical record and determine whether a prior x-ray of wrist has been performed. Without this crucial bit of information, the request for x-rays is not medically necessary.