

Case Number:	CM15-0044158		
Date Assigned:	03/16/2015	Date of Injury:	12/21/2012
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
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: Arizona, 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:

The injured worker is a 42 year old male, who sustained an industrial injury on December 21, 2012. The injured worker was diagnosed as having elbow pain, knee pain, medial meniscus tear, and lateral meniscus tear. Treatment to date has included pain and non-steroidal anti-inflammatory medications. On January 20, 2015, the injured worker complains of bilateral wrist pain after a recent fall. There was no documented physical exam. The treatment plan includes bilateral wrist 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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Forearm, Wrist & hand, Radiography and Forearm, Wrist & Hand, Physical/Occupational Therapy.

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

Decision rationale: According to the guidelines, x-rays are recommended for suspected scaphoid fractures. Routine x-rays are not recommended for evaluation of the hand. In this case, the claimant had a recent fall with hand injury. The date of the injury, mechanism or physical examination of the hand was not provided. There was no mention of snuff box tenderness. The request for hand x-rays was not medically necessary.