

Case Number:	CM15-0084165		
Date Assigned:	05/06/2015	Date of Injury:	12/28/2009
Decision Date:	07/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of December 28, 2009. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve requests for x-rays of the bilateral wrists and hands. The claims administrator referenced an office visit of March 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 29, 2014, difficult to follow, it was noted that the applicant had ongoing complaints of right hand and wrist pain status post earlier ganglionectomy surgery as well as release of multiple trigger fingers, it was reported. The applicant had also had a second injury in 2009, at which point, she had been robbed at gunpoint and developed associated mental health complaints. In a handwritten note dated March 24, 2015, the applicant was described as having ongoing issues with depression and anxiety for which the applicant was using Zoloft and Ativan. The applicant was not working, it was acknowledged. The note was very difficult to follow, not entirely legible, thinly developed, and did state toward the top of the report that hand and/or wrist x-rays and/or electrodiagnostic testing of the upper extremities were proposed, for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints page(s): 260.

Decision rationale: The request for x-rays of the right hand was not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his handwritten progress note of October 29, 2014 that the applicant carried a diagnosis of right hand ganglion cyst status post prior ganglionectomy. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-2, page 262 notes that there are no specific diagnostic testings needed to establish a diagnosis of ganglion aggravation or ganglion cyst as this is, per ACOEM, apparently a diagnosis made clinically as opposed to radiographically. The attending provider's progress notes, including the handwritten March 24, 2015 progress note, were difficult to follow, thinly developed, not altogether legible, and did not clearly state for what purpose and/or issue the x-ray in question was proposed. Therefore, the request was not medically necessary.

X-Ray of Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for x-rays of the left wrist was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of radiography for evaluation of forearm, hand, and wrist is deemed "not recommended." Here, the attending provider did seemingly order multiple hand and wrist x-rays on a routine basis, for evaluation purposes, without any clearly formed intention of acting on the results of the same. It was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how the proposed wrist x-ray would influence or alter the treatment plan. Therefore, the request was not medically necessary.

X-Ray of Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for x-rays of the right wrist was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, the routine usage of plain film radiography for evaluation of forearm, wrist, and hand is deemed "not recommended." Here, the attending provider's progress note of March 24, 2015 was thinly developed, handwritten, difficult to follow, and not entirely legible. The attending provider did not clearly state for what purpose, issue, and/or diagnosis the wrist x-ray was proposed. It did not appear that either the attending provider or the applicant was intent on acting on the results of the study in question. Therefore, the request was not medically necessary.

X-Ray of Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for x-rays of the left hand was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 that routine usage of radiography for evaluation of the forearm, wrist, and hand is deemed "not recommended." Here, the fact that multiple x-rays of the wrist and hand were concurrently ordered suggested that the studies were being ordered for routine evaluation purpose without any clearly formed intention of acting on the results of the same. The attending provider's handwritten progress note of March 24, 2015 was likewise thinly developed, not entirely legible, and did not set forth a clear or compelling case for the request at hand. Therefore, the request was not medically necessary.