

Case Number:	CM15-0084471		
Date Assigned:	05/06/2015	Date of Injury:	12/27/2013
Decision Date:	06/29/2015	UR Denial Date:	03/30/2015
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: 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 45 year old female, who sustained an industrial injury on 12/27/2013. She reported a trip and backward fall. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, left wrist and hand contusion and ganglion cyst and right knee internal derangement. Electromyography (EMG) /nerve conduction study (NCS) showed bilateral carpal tunnel syndrome and ulnar neuropathy. Treatment to date has included therapy and medication management. In a progress note dated 2/26/2015, the injured worker complains of right knee pain, rated 9/10 and left wrist and hand pain, 7/10. Medications include Hydrocodone, Naproxen, Lidoderm patches and Pantoprazole. Physical examination showed diminished left radial and median nerve distribution sensation, right knee tenderness and forearm spasm. The treating physician is requesting updated plain film x-ray of the left hand. A report dated December 17, 2014 indicates that the patient has had an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated plain film x-ray of the left hand, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter. Radiography, updated March 9, 2015.

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

Decision rationale: Regarding the request for Updated plain film x-ray of the left hand, as an outpatient, 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 when specific conditions such as a scaphoid fracture are suspected. They recommend against routine use for evaluation of forearm, wrist, and hand conditions. Within the documentation available for review, there is documentation that prior x-rays and an MRI have been performed and there is no clear rationale identifying why new and/or repeat imaging is needed rather than reviewing the x-rays that have apparently been performed previously. There is no documentation of significant worsening of the patient's complaints or objective examination findings, or of an intervening injury. Finally, there is no indication as to how medical decision-making will be changed based upon the outcome of the requested study. In light of the above issues, the currently requested Updated plain film x-ray of the left hand, as an outpatient is not medically necessary.