

<b>Case Number:</b>	CM14-0120876		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44-year-old man with a date of injury of Oct 2, 2013 when he slipped and fell onto his bilateral hands and wrists. He was diagnosed with left wrist fracture and right wrist strain after radiographs were taken. He was placed on modified duty, immobilized and given physical therapy. Due to persistent pain, magnetic resonance imaging was obtained on Feb 24, 2014. Because of continued pain, stiffness, and tenderness, he was sent to another treating physician for a second opinion. There his physical exam was largely normal, with all maneuvers being negative. Radiographs of the left wrist and hand right wrist were performed May 22, 2014, showing degenerative joint disease and a healed displaced fracture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Left hand plain film x-ray series (5/22/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand (updated 02/18/14)Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258.

**Decision rationale:** Initial radiographs of this worker were taken and the worker was treated accordingly. In the absence of red flags including signs of infection, systemic disease, neurologic conditions, additional trauma or a history of deformity, repeat radiographs are not indicated. The request is not medically necessary. Therefore the requested retrospective request for left hand plain film x-ray series (5/22/2014) is not medically necessary and appropriate.

**Retrospective request for Right hand x-ray series (5/22/2014):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand (updated 02/18/14)Radiography

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258.

**Decision rationale:** Initial radiographs of this worker were taken and the worker was treated accordingly. In the absence of red flags including signs of infection, systemic disease, neurologic conditions, additional trauma or a history of deformity, repeat radiographs are not indicated. The request is not medically necessary. Therefore the requested retrospective request for right hand x-ray series (5/22/2014) is not medically necessary and appropriate.

**Retrospective request for Left wrist plain film x-ray series (5/22/2014):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist & Hand (updated 02/18/14)Radiography

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

**Decision rationale:** This worker has continued wrist pain. Per ACOEM Guidelines, it is supported to obtain repeat films and consider a scaphoid fracture which may not be evident in the radiographs taken immediately after the injury. Therefore based on the documents provided and per the guidelines the requested retrospective request for left wrist plain film x-ray series (5/22/2014) is medically necessary and appropriate. Repeat films are supported.