

<b>Case Number:</b>	CM14-0145779		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of 5/23/01. A utilization review determination dated 9/3/14 recommends non-certification of x-rays of the bilateral hands and left knee. It referenced an 8/1/14 medical report identifying that the patient was using medications for rheumatoid arthritis. He had whole body joint pains and was due for a Rituximab infusion soon. On exam, there was right MCP 1-5 synovial hypertrophy with tenderness, 1+ synovitis of the 2nd-5th MCP with limited wrist extension on the left, and full ROM of the knees without synovitis. Recommendations included continue medications, labs, bone density, and x-rays of the bilateral hands and left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the Bilateral Left Hand:** Upheld

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

**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-ray of the hand, 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, the patient has an established diagnosis of rheumatoid arthritis and there is no indication of any new or progressive symptoms/findings or a rationale identifying how the results of repeat imaging would potentially alter the current treatment plan. In light of the above issues, the currently requested x-ray of the hand is not medically necessary.

**X-ray of the Bilateral Right Hand:** Upheld

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

**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-ray of the hand, 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, the patient has an established diagnosis of rheumatoid arthritis and there is no indication of any new or progressive symptoms/findings or a rationale identifying how the results of repeat imaging would potentially alter the current treatment plan. In light of the above issues, the currently requested x-ray of the hand is not medically necessary.

**X-ray of the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiographs

**Decision rationale:** Regarding the request for x-ray of the knee, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, the patient has an established diagnosis of rheumatoid arthritis and there is no indication of any new or progressive symptoms/findings or a rationale identifying how the results of repeat imaging would potentially alter the current treatment plan especially in the absence of any positive findings relative to the knee. In light of the above issues, the currently requested x-ray of the knee is not medically necessary.