

<b>Case Number:</b>	CM14-0148805		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 62-year-old female who reported a repetitive strain injury on 09/12/2012. Current diagnoses include status post cumulative trauma for the bilateral upper extremities, cervical spine pain, cervicogenic headaches, bilateral upper extremity pain, and cervical disc injury. Previous conservative treatment is noted to include physical therapy, cervical traction, medication management, and chiropractic treatment. The current medication regimen includes Wellbutrin SR 150 mg, Butrans 5 mcg, and atenolol 25 mg. The injured worker was evaluated on 08/20/2014 with complaints of 6/10 pain in the upper extremities and 4/10 neck pain. The physical examination of the upper extremities revealed diminished strength in the bilateral wrist extensors and flexors and positive Tinel's testing bilaterally. The treatment recommendations at that time included x-rays of the right shoulder, bilateral hands, and bilateral wrists. A Request for Authorization form was then submitted on 08/26/2014 for x-rays of the bilateral hands and wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 & 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** California MTUS ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. In cases of wrist injury, with snuff box tenderness, initial radiographic films may be obtained to identify the presence of a scaphoid fracture. Radiographic films may also indicate a fracture following an acute injury to the metacarpophalangeal joint of the thumb accompanied by tenderness on the ulnar side of the joint and laxity with stress testing. As per the documentation submitted, the injured worker's physical examination on the requesting date only revealed 4/5 strength of the bilateral wrist extensors and flexors. There was no documentation of a significant musculoskeletal deficit. Therefore, the medical necessity has not been established at this time. As such, the request is not medically appropriate.

**X-ray of the right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 & 272.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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