

<b>Case Number:</b>	CM14-0201885		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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. 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

### 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 50 year old female, who sustained an industrial injury on 3/15/2011. She reported a cumulative injury to the bilateral hands. The injured worker was diagnosed as having tenosynovitis of the hand, lateral epicondylitis and wrist and status post bilateral carpal tunnel release. There is no record of recent diagnostic studies. Treatment to date has included surgery, wrist brace and medication management. Currently, the injured worker complains of wrist pain from a fall and bilateral upper extremity pain. In a progress note dated 11/11/2014, the treating physician is requesting retrospective approval of x rays of the right wrist and forearm performed on 11/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective X-ray right wrist (unspecified DOS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Forearm, Wrist & Hand (Acute & Chronic), Radiography.

**Decision rationale:** The patient was injured on 03/05/11 and presents with bilateral wrist pain and upper extremity pain. The retrospective request is for a x-ray of the right wrist (unspecified date). The utilization review letter rationale is that "it is not documented as to whether the patient has previously had x-rays for evaluation of this 2011 injury due to the fall. There are no medical indications for repeat x-rays are described." There is no RFA provided and the patient is on modified work duty. The records do not show any prior x-rays of the right wrist. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box - radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays to "for most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon." The patient is diagnosed with tenosynovitis of the hand/wrist, lateral epicondylitis elbow region, neuralgia/neuritis/radiculitis unspecified, and bilateral carpal tunnel syndrome. There is topical allodynia of the right wrist and the right hand is tremulous. The patient is unable to fully abduct her fingers due to pain, finger/thumb flexion is lacking 45 degrees, she is unable to flex/extend her wrist due to pain, and she has pain over the radial styloid process. Given that the patient has not had a prior x-ray of the right wrist and presents with tenosynovitis of the wrist, neuralgia/neuritis/radiculitis, and topical alloydina of right wrist, the requested retrospective x-ray of the right wrist is medically necessary.

**Retrospective X-ray right forearm (unspecified DOS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, & Hand (updated 11/13/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official disability guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic), Radiography.

**Decision rationale:** The patient was injured on 03/05/11 and presents with bilateral wrist pain and upper extremity pain. The retrospective request is for a x-ray of the right forearm (unspecified date). There is no RFA provided and the patient is on modified work duty. The records do not show any prior x-rays of the right forearm. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly

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