

Case Number:	CM14-0022377		
Date Assigned:	02/26/2014	Date of Injury:	02/26/2013
Decision Date:	01/26/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/21/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 52 year old male with the injury date of 02/26/13. Per physician's report 01/07/14, the patient had a falling injury at work and injured his hip, left knee, left elbow and left hand. X-rays were obtained on 12/10/13. "Left elbow x-rays, two views: normal. Left wrist x-rays, three views: normal. Right hand x-rays, two views: normal. Left hand x-rays, two views: normal. Right knee x-rays, two views: total arthroplasty, no fractures. Left knee X-ray, two views : degenerative joint disease in lateral and patellofemoral compartments." Per 10/31/13 progress report, the lists of diagnoses are:1) Left elbow medical humeral epicondylitis2) Right hand strain3) Left wrist internal derangement4) Right knee surgery on 05/03/13 and 09/30/135) Left knee internal derangement6) Other problems unrelated to current evaluationThe patient had MRI pf the left wrist without contrast on 08/23/13, which reveals "small cystic foci within the proxiaml hemate, proximal volar capitae and ulnar side of the lunate which may represent degenerative cyst, intraosseous ganglia, or vascular remnants." The utilization review determination being challenged is dated 01/17/14. Treatment reports were provided from 08/07/13 to 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X- Rays of the Left Wrist: Upheld

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 (ODG), Forearm, Wrist, & Hand (Acute & Chronic) Chapter, Radiography.

Decision rationale: The patient presents with pain in the left side of his body including left knee, left elbow and left wrist. The patient is s/p right knee surgery on 09/30/13. The request is for X-Rays of the Left wrist. MTUS guidelines do not discuss X-rays. ACOEM guidelines Special studies and diagnostic and treatment considerations: Chapter: 11, page 268: 178279 supports X-rays "in cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. " ODG guidelines on X-rays of wrist/hand; does not recommend it unless there is wrist trauma, first exam, suspected fracture, subluxation, dislocation or ligament injury. For chronic pain, "first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified." In this case, the patient had X-ray of the left wrist on 12/10/13 and MRI of the left wrist on 08/23/13. The treater does not indicate why X-ray of the left wrist is being requested. There are no reports that specifically discuss this request. None of the reports discuss the suspicions outlined on ODG guidelines. The request is not medically necessary.