

<b>Case Number:</b>	CM14-0216839		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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, Hawaii

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:

This 60 year old man sustained an industrial injury on 11/14/2013 while stapling plastic to cover blueberries. The current diagnosis is left wrist tendonitis. Treatment has included oral medications and bracing. Physician notes dated 10/30/2014 show complaints of pain, weakness, tenderness, clicking, and limited range of motion to the left wrist. Recommendations include MRI and x-rays of the left wrist as the physician states concerns of a possible tear of the triangular fibrocartilage complex, and Ketoprofen. The worker was instructed on exercises for range of motion and strengthening. On 12/6/2014, Utilization Review evaluated a prescription for x-ray exam of the wrist, that was submitted on 12/22/2014. The UR physician noted that the worker was able to return to full duty with a brace and self-treated. There are no recent medical records identified. Further, special studies are not needed until after a four to five week period of conservative care. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### 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 wrist:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand, Radiography

**Decision rationale:** The patient presents with pain affecting the left wrist. The current request is for X-ray of the left wrist. The treating physician report dated 10/30/14 (58C) states, "The patient is being referred for an MRI of the left wrist as well as x-rays of his left wrist." The MTUS does not address the current request. The ODG has the following: "Recommended as indicated below. 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 ODG guidelines support the request of an X-ray if chronic wrist pain is present. The medical reports provided do not show that the patient has received a previous X ray or MRI of the left wrist. In this case, the patient presents with chronic wrist pain and a diagnoses of "Left wrist extensor tendinitis." Furthermore, the patient has remained significantly symptomatic despite the passage of time and care to date, and his exam is consistent with possible tear of the TFCC. The current request satisfies the ODG guidelines as outlined in the "Forearm, Wrist, and Hand" chapter. Recommendation is for authorization.