

Case Number:	CM15-0109629		
Date Assigned:	06/16/2015	Date of Injury:	02/21/2015
Decision Date:	07/14/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 28 year old female sustained an industrial injury on 2/21/15. She subsequently reported right wrist and upper extremity pain. Diagnoses include tenosynovitis and tendinitis of the right wrist and right shoulder strain. Treatments to date include x-ray and nerve conduction testing and prescription pain medications. The injured worker continues to report right wrist and shoulder pain. Upon examination, tenderness of the right lateral tip, anterior and posterior shoulder and right volar wrist was noted. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral upper extremities. Tinel's, Phalen's and carpal compression testing was positive on the right. A request for X-rays (unspecified) and appropriate treatment to cure and/or relieve symptomatology (R) arm, shoulder, hand, elbow and wrist (unspecified) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p52.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for right wrist and upper extremity pain. When seen, pain was rated at 4/10. There was right shoulder and wrist tenderness. There was decreased range of motion. Guidelines recommend that consideration of diagnostic testing be defined by the clinical entity and body part being investigated. In this case, the request does not specify what body part is to be imaged. The request was not medically necessary.

Appropriate treatment to cure and / or relieve symptomatology (R) arm, shoulder, hand, elbow and wrist (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 6-7.

Decision rationale: The claimant sustained a work injury in February 2015 and continues to be treated for right wrist and upper extremity pain. When seen, pain was rated at 4/10. There was right shoulder and wrist tenderness. There was decreased range of motion. Guidelines state that treatments such as medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as co-morbidities, other medications, and allergies. In this case, the actual treatment being requested is not specified and therefore, as this request was submitted, was not medically necessary.