

Case Number:	CM15-0010077		
Date Assigned:	01/27/2015	Date of Injury:	04/05/2010
Decision Date:	04/14/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 62 year old male who sustained an industrial injury on 04/05/2010. Diagnosis is cubital tunnel syndrome, status post right and left carpal tunnel release; status post left cubital tunnel release. Treatment to date has included occupational therapy, medications, and home exercise program. A physician progress note dated 09/29/2014 documents the injured worker presents using a sling and splint. His left elbow is still too soon to tell how much it has improved. His right elbow is equal to the last visit. Left ring small finger still has some triggering. Incisions looked well, no instability. Treatment requested is for bilateral forearm x-ray: 2 views, bilateral hand X-ray: 3 views, bilateral wrist x-ray: 5 views, and right humerus x-ray: 2 views. On 01/09/2015 Utilization Review non-certified the request for bilateral forearm x-ray: 2 views, and cited was MTUS, ACOEM Guidelines, and Official Disability Guidelines. On 01/09/2015 Utilization Review non-certified the request for bilateral hand X-ray: 3 views, and cited was MTUS, ACOEM Guidelines, and Official Disability Guidelines. On 01/09/2015 Utilization Review non-certified the request for bilateral wrist x-rays: 5 views, and cited was MTUS, ACOEM Guidelines, and Official Disability Guidelines. On 01/09/2015 Utilization Review non-certified the request for right humerus x-ray, and cited was MTUS ACOEM Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Wrist X-ray 5 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand, radiography, updated March 9, 2015.

Decision rationale: The official disability guidelines recommend plain radiographs of the hand or wrist when there is recent trauma, suspected fractures, or those with chronic wrist pain. The injured employee has a known history of carpal tunnel and cubital tunnel with recent surgery. Considering this history as well as lack of acute injury, this request for a bilateral wrist x-rays not medically necessary.

Bilateral Hand X-ray 3 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand, radiography, updated March 9, 2015.

Decision rationale: The official disability guidelines recommend plain radiographs of the hand or wrist when there is recent trauma, suspected fractures, or those with chronic wrist pain. The injured employee has a known history of carpal tunnel and cubital tunnel with recent surgery. Considering this history as well as lack of acute injury, this request for a bilateral wrist x-rays not medically necessary.

Bilateral Forearm X-ray 2 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for imaging; X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand, radiography, updated March 9, 2015.

Decision rationale: The official disability guidelines recommend plain radiographs of the hand or wrist when there is recent trauma, suspected fractures, or those with chronic wrist pain. The injured employee has a known history of carpal tunnel and cubital tunnel with recent surgery.

Considering this history as well as lack of acute injury, this request for a bilateral wrist x-rays not medically necessary.

Right Humerus X-ray 2 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238 and 602.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, radiography, updated April 3, 2015.

Decision rationale: The official disability guidelines indicate that plain radiographs only indicated for the humerus and the presence of acute trauma. Considering the injured employees history and diagnosis of carpal tunnel and cubital tunnel syndrome, this request for an x-ray of the humerus is not medically necessary.