

Case Number:	CM15-0014403		
Date Assigned:	02/02/2015	Date of Injury:	11/02/2014
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 47-year-old female who reported an injury on 11/02/2014. The mechanism of injury was the injured worker was operating a faulty steering column. The surgical history included a right shoulder surgery and other noncontributory surgeries. The injured worker was noted to undergo an x-ray of the bilateral wrists on 11/02/2014 which revealed normal findings. There was no evidence of fracture or dislocation. Other therapies included activity modification, NSAIDs, muscle relaxants, and physical therapy. The documentation of 12/22/2014 revealed the injured worker had complaints of intermittent moderate pain in the bilateral hands, aggravated by gripping, grasping, pushing, pulling, lifting, and carrying, and performing fine manipulation. The injured worker had associated weakness and tingling. The physical examination of the bilateral hands revealed no redness, warmth, or change of skin color. The injured worker had tenderness along the CMC joint of the ring finger and thumb and the IP joint of the thumb and the distal radioulnar joints bilaterally. There was swelling noted over the thenar area bilaterally. There a tender mobile wad of 3 consistent with tennis elbow over the wrist extensors. There was no crepitus. The Finkelstein's, Tinel's, and Phalen's tests were negative. The range of motion was within normal limits on the left and was decreased on the right. The diagnoses included bilateral wrist tenosynovitis. The treatment plan included medications and chiropractic care and x-rays of the bilateral hands and wrists to better assess the roots of the injured worker's complaints. Medications included naproxen 550 mg #60 for pain and inflammation, omeprazole 20 mg #60, and cyclobenzaprine 10 mg for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) X-ray of the bilateral hands and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014 Forearm, Wrist, & Hand (Acute & Chronic), Radiography, Indications for Imaging -- X-rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had previously undergone an x-ray which was normal. There was a lack of documentation indicating the injured worker had attended conservative care and had changes to support the need for an additional x-ray. Given the above, and the lack of documentation of exceptional factors, the request for 1 x-ray of the bilateral hands and wrists is not medically necessary.