

Case Number:	CM15-0123610		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2013
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 sustained an industrial injury on January 14, 2013. Treatment to date has included MRI of the lumbar spine, pain management consultation, physical therapy, cervical spine epidural steroid injection, work restrictions, left knee injection and medications. Currently, the injured worker complains of pain in the neck, upper and lower back, right elbow, left elbow, bilateral hand/wrist, bilateral hips and left knee. On physical examination the injured worker has intact sensation in the right mid-anterior thigh, right mid-lateral calf and right lateral ankle. The diagnoses associated with the request include left wrist/hand strain, left elbow strain, cervical spine disc bulges, left knee internal derangement and lumbar spine disc bulge. The treatment plan includes MRI of the thoracic, lumbar, bilateral wrists and x-rays of the cervical thoracic, right/left elbows and right/left wrists/hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Forearm, Wrist and Hand Chapter, Indications for imaging.

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, & Hand (Acute & Chronic), Radiography.

Decision rationale: The Official Disability Guidelines recommend a hand or wrist x-ray for red flags or for trauma and suspected fracture or dislocation. An x-ray may also be indicated for chronic wrist pain as the first study obtained and the patient was chronic pain with or without prior injury, or no specific area of pain specified. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. X-Rays of left hand is not medically necessary.