

Case Number:	CM15-0123611		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2013
Decision Date:	08/04/2015	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: North Carolina

Certification(s)/Specialty: Family Practice

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 1/14/13. She reported pain in the neck, back, bilateral shoulders, bilateral elbows, bilateral wrists/hands, bilateral hips, and left knee. The injured worker was diagnosed as having bilateral wrist strains. Treatment to date has included physical therapy, massage, and heat application. X-rays of bilateral hands were noted to have been negative for recent or old fractures. Currently, the injured worker complains of bilateral wrist and hand pain right greater than left with pain radiating to the forearms. The treating physician requested authorization for x-rays of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not radiographs of the wrist except when excluding the diagnosis of possible fracture. Previous had x-rays were negative. The review of the clinical documentation does not show suspected fracture as an etiology of the pain and therefore the request is not medically necessary.