

Case Number:	CM15-0172004		
Date Assigned:	09/14/2015	Date of Injury:	06/12/2015
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of June 12, 2015. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve request for x-rays of the bilateral hands, x-rays of bilateral wrists, and x-rays of the left hip. The claims administrator referenced an RFA form received on July 29, 2015 and a June 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 26, 2015, multiple topical compounds, psychiatric consultation, and Internal Medicine Consultation, genetic testing, functional capacity testing, urine drug testing, x-rays of multiple body parts, thumb spica splints, and a lumbar support were endorsed. In an associated Doctor's First Report (DFR) dated June 26, 2015, the applicant reported multifocal complaints of neck, shoulder, hand, low back, knee, and leg pain, reportedly associated to cumulative trauma over the preceding 16 years of employment. The applicant was given diagnoses of shoulder strain, lumbar strain, cervical strain, headaches, wrist strain, de Quervain tenosynovitis, possible carpal tunnel syndrome, knee strain, insomnia, and depression. Flexeril, Tylenol with Codeine, physical therapy, Relafen, genetic testing, urine drug testing, and the x-rays at issue were endorsed. A clear rationale for the x-rays in question was not furnished. X-rays of the cervical spine, lumbar spine, bilateral wrists, bilateral hands, bilateral knees, and left hip were all sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for x-rays of the bilateral hands was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 72, the routine usage of radiography for evaluation of forearm, hand, and wrist is deemed "not recommended." Here, the fact that the attending provider concurrently ordered x-rays of the cervical spine, lumbar spine, bilateral wrists, bilateral hands, bilateral knees, and left hip strongly suggested that said studies were in fact being ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. It was not stated how (or if) the proposed bilateral hand x-rays would have influenced or altered the treatment plan. Therefore, the request was not medically necessary.

X-ray of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for x-rays of the bilateral wrists was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's June 26, 2015 office visit suggested that the operating diagnosis insofar as the hands and wrists were concerned were bilateral hand and wrist sprains with superimposed carpal tunnel syndrome and/or de Quervain tenosynovitis. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores radiography or x-rays of the wrist a 0/4 in their ability to identify and define suspected strains and/or suspected de Quervain tendonitis. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for selection of x-rays of the wrist for diagnoses (de Quervain tenosynovitis and carpal tunnel syndrome) for which it is scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request was not medically necessary.

X-ray of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, X-Ray.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 9 Initial evaluation of hip joint pain requires hip x-rays in some cases, but not in others, depending on the diagnosis and presentation.

Decision rationale: Finally, the request for x-ray of the left hip was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of hip x-rays. However, the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes that the initial evaluation of hip pain requires hip x-rays in some cases, but not in others, depending, on the diagnosis or presentation. Here, the attending provider's documentation of June 26, 2015 failed to furnish a clear or compelling rationale for hip x-rays in the clinical context present here. The fact that hip x-rays were ordered along with x-rays of multiple other body parts to include the neck, low back, bilateral wrists, bilateral hands, bilateral knees, etc., strongly suggested that said x-rays have been ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. It was not stated what was sought. It was not stated what was suspected. It was not stated how the proposed hip x-ray would have influenced or altered the treatment plan. Therefore, the request was not medically necessary.