

<b>Case Number:</b>	CM15-0065767		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56-year-old male injured worker suffered an industrial injury on 07/13/2009. The diagnoses included chronic pain, lumbar radiculopathy, right carpal tunnel syndrome, bilateral elbow pain and left shoulder pain. The diagnostics included electromyographic studies/nerve conduction velocity studies. The injured worker had been treated with medications and acupuncture. On 2/10/2015, the treating provider reported neck pain that radiated down the bilateral arms, low back pain radiating down the bilateral lower extremities, upper extremity pain in the left shoulder right hand and bilateral elbows. The pain is 4/10 with medications and 8/10 without medications. There was tenderness to the right hand and wrist. The treatment plan included X-ray of right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray (complete view) of right hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> - Hand and Wrist Disorders.

**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 Section, Radiographs.

**Decision rationale:** Pursuant to the Official Disability Guidelines, x-ray (complete views) right-hand is not medically necessary. For most patients with known or suspected trauma of the hand, wrist or both the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. When initial radiographs are a critical or in the presence of certain clinical or radiographic findings, further imaging is appropriate. Indications for x-rays include, but are not limited to, acute hand or wrist trauma, wrist, first exam; suspect scaphoid fracture; see guidelines for additional fracture related radiographs. In this case, the injured worker's working diagnoses are cervical radiculitis; chronic pain; lumbar radiculopathy; right carpal tunnel syndrome; bilateral elbow pain; left shoulder pain; osteoarthritis left shoulder; left sided shoulder bursitis; intractable periscapular pain. The date of injury is July 13, 2009. There are two progress notes in the medical record. One progress note is dated February 10, 2015 and the second progress note was dated April 7, 2015. There is no request either progress note for an x-ray of the right hand. There is no clinical indication or rationale for an x-ray of the right hand either progress note. Subjectively, the treating provider states the injured worker has pain in the right hand. Objectively, the treating provider indicates the injured worker has an upper extremity splint with tenderness to palpation at the right hand. Consequently, absent clinical documentation with a clinical indication/rationale in the medical record for x-rays of the right hand, x-ray (complete views) right-hand is not medically necessary.