

<b>Case Number:</b>	CM15-0066474		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, Illinois

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 21 year old male injured worker suffered an industrial injury on 02/12/2015. The diagnoses included left wrist sprain/strain, cervical sprain/strain. There were no diagnostics, details of industrial accident or any conservative treatment included in the documentation provided. On 3/25/2015 the treating provider reported the left wrist range of motion was decreased without any tenderness, bruising, swelling, atrophy or lesions noted. The treatment plan included x-ray of left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One x-ray of left wrist:** 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; Table 2, Summary Of Recommendations, Hand And Wrist Disorders](https://www.acoempracguides.org/Hand%20and%20Wrist;Table%20Summary%20Of%20Recommendations,Hand%20And%20Wrist%20Disorders).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 02/12/2015. The medical records provided indicate the diagnosis of left wrist sprain/strain, cervical sprain/strain. The medical records provided for review do not indicate a medical necessity for one x-ray of left wrist. The medical records lacked information on the mechanism of the injury, and previous treatments. The only abnormality mentioned in the physical examination was limited range of motion. The MTUS recommends that diagnostic tests based on the context of the information from thorough history, including previous treatments and its outcome, and physical examination. In this particular instance, the only abnormality appears to be the limitation in range of motion, though the range of motion was not specified. The MTUS states as follows, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." The request is not medically necessary.