

<b>Case Number:</b>	CM15-0067742		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Physical Medicine & Rehabilitation

### 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 75 year old female who sustained an industrial injury on 11/16/03. Initial complaints and diagnoses are not available. Treatments to date include bursa injections, hip injections, medications, and acupuncture. Diagnostic studies include nerve conduction studies, MRI, and x-rays. Current complaints include low back and lower extremity radicular pain with tingling and numbness, weakness, and bilateral feet pain. Current diagnoses include lumbar disc with radiculitis, trochanteric bursitis, degeneration of lumbar disc, low back pain, shoulder/pelvic/hip and ankle joint pain. In a progress note dated 02/17/15 the treating provider reports the plan of care as medications including ibuprofen and a greater trochanteric bursa injection on the date of service. The requested treatment is a left wrist x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of left hand wrist qty. 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11, Forearm/Wrist/Hand Complaints, Special Studies and Diagnostic Considerations, page 268-269.

**Decision rationale:** Criteria for ordering imaging x-ray studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the imaging study. For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of failed conservative care and observation as most patients improve quickly, provided red flag conditions are ruled out. Radiographic films may show a fracture with stress views may show laxity indicating ligamentous derangement; however, guidelines criteria have not been established. Submitted reports have not demonstrated specific symptom complaints, remarkable clinical findings, or failed conservative trial with acute red-flag conditions to support for the imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-ray of left hand wrist qty. 1.00 is not medically necessary and appropriate.