

Case Number:	CM15-0069352		
Date Assigned:	04/16/2015	Date of Injury:	04/04/2014
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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 injured worker is a 30 year old female, who sustained an industrial injury on 4/4/2014. She reported pain in her right elbow, forearm, wrist and hand. Diagnoses have included right elbow strain and bilateral carpal tunnel syndrome. Treatment to date has included physical therapy and medication. According to the progress report dated 2/4/2015, the injured worker complained of pain in the right elbow/forearm, right wrist and left wrist. Physical exam revealed that light touch sensation was diminished in the left shoulder and hand. Authorization was requested for x-ray of the right wrist and x-ray of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Section, Radiographs.

Decision rationale: Pursuant to the Official Disability Guidelines, x-ray right elbow is not medically necessary. Radiographs are recommended before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis desiccans, osteocartilaginous intra-articular body. Patients with normal extension, flexion and supination do not require emergent elbow radiographs. In this case, the injured worker's working diagnoses are right elbow strain; right wrist carpal tunnel syndrome; and left wrist carpal, syndrome. Utilization review references a March 11, 2015 progress note (not in the medical record). The most recent progress of the medical record is dated February 4, 2015. Subjectively, the injured worker has pain in the right elbow in the bilateral wrists. Objectively, the medical record (in the light touch sensation section of the medical record) states "left shoulder, left dorsal thumb web, left small tip, and left long tip are all diminished." There is no physical examination of the shoulder. There is no physical examination of the wrist. There were no red flags documented in the medical record referencing the elbow or wrist. The documentation does not explain how an x-ray will change the current treatment. Consequently, absent clinical documentation with a clinical indication and/or rationale referencing the x-ray of the right elbow, x-ray right elbow is not medically necessary.

X-ray of Right wrist: Upheld

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

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 of the right wrist is not medically necessary. X-rays are indicated 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. The indications for radiographic imaging are enumerated in the Official Disability Guidelines. See the guidelines for details. In this case, the injured worker's working diagnoses are right elbow strain; right wrist carpal tunnel syndrome; and left wrist carpal, syndrome. Utilization review references a March 11, 2015 progress note (not in the medical record). The most recent progress of the medical record is dated February 4, 2015. Subjectively, the injured worker has pain in the right elbow in the bilateral wrists. Objectively, the medical record (in the light touch sensation section of the medical record) states "left shoulder, left dorsal thumb web, left small tip, and left long tip are all diminished." There is no physical examination of the shoulder. There is no physical examination of the wrist. There were no red flags documented in the medical record referencing the elbow or wrist. The documentation does not explain how an x-ray will change the current treatment. Consequently, absent clinical documentation with a clinical indication and/or rationale referencing the x-ray of the right wrist, x-ray right wrist is not medically necessary.