

Case Number:	CM15-0095208		
Date Assigned:	05/21/2015	Date of Injury:	02/16/2015
Decision Date:	06/24/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 injured worker is a 51 year old female, who sustained an industrial injury on 02/16/2015. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having cervical, thoracic, lumbar, bilateral shoulder, bilateral wrist, bilateral hand, and bilateral knee sprain/strains. Treatment and diagnostics to date has included normal electromyography/nerve conduction velocity studies, physical therapy, and medications. In a progress note dated 04/23/2015, the injured worker presented with chief complaint of right wrist and hand pain with multiple other complaints. Objective findings include tenderness and decreased range of motion, but location not specified. The treating physician reported requesting authorization for x-rays of right shoulder, right wrist, and right hand. It is clearly documented that x-rays of this areas was performed on 3/17/15. No new trauma or change in symptoms is reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xray Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29, 30.

Decision rationale: MTUS Guidelines have specific recommendations regarding the appropriate level of necessary medical evaluation to determine the need for additional medical care and ongoing impairment. Standards of care include a review of prior medical care including test results. This individual completed x-rays of the right shoulder just a few weeks before this repeat request. There is nothing that justifies the repeat x-rays. There has been no new trauma and the prior films were reported as normal. Under these circumstances, the repeat right shoulder x-rays are not supported by Guidelines and are not medically necessary.

Xray Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29, 30.

Decision rationale: MTUS Guidelines have specific recommendations regarding the appropriate level of necessary medical evaluation to determine the need for additional medical care and ongoing impairment. Standards of care include a review of prior medical care including test results. This individual completed x-rays of the right wrist just a few weeks before this repeat request. There is nothing that justifies the repeat x-rays. There has been no new trauma and the prior films were reported as normal. Under these circumstances, the repeat right wrist x-rays are not supported by Guidelines and are not medically necessary.

Xray Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 29, 30.

Decision rationale: MTUS Guidelines have specific recommendations regarding the appropriate level of necessary medical evaluation to determine the need for additional medical care and ongoing impairment. Standards of care include a review of prior medical care including test results. This individual completed x-rays of the right hand just a few weeks before this repeat request. There is nothing that justifies the repeat x-rays. There has been no new trauma and the prior films were reported as normal. Under these circumstances, the repeat right hand x-rays are not supported by Guidelines and are not medically necessary.