

<b>Case Number:</b>	CM13-0007352		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

29 year old male with injury from 05/03/2013. Per [REDACTED] report dated 06/11/13 diagnoses are healing tuft fracture of the right distal phalanx, long finger and carpal tunnel symptoms. The requests for MRI and X-rays were denied by CID UR letter from 7/25/13. Rationale was that MRI was not supported by ACOEM guides for diagnosing tuft fractures or other fractures. X-rays were also not recommended per ACOEM, until after 4-6 weeks of conservative care. The X-rays were already taken from 6/11/13 showing healing tuft fracture. 5/3/13 report is X-ray of finger, nondisplaced oblique fracture of the distal aspect of third finger. Treater's report shows sutures removed, education regarding wound care, PT referral. 5/21/13 report, pain is relatively better, still some tingling sensation of distal finger. 6/4 report, education and counseling, pain is better. 6/11/13, ortho consult, has continued pain in the right hand, wrist, finger at 7-8/10, unable to sleep, numbness in his hand and wrist at night, never given a brace, and currently working. X-rays were taken in office, showing healing tuft fracture. Request was for repeat X-rays, and MRI of hand. Finger splint was recommended, anticipate repeating x-ray on follow-up. EMG/NCV was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right hand/wrist between 06/11/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 110.

**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 Chapter, MRI

**Decision rationale:** This patient presents with Tuft fracture of the 3rd digit. The Orthopedist obtained an X-ray of the hand on 6/11/13 and is requesting another X-rays to be done on the follow-up visit. He has also asked for an MRI of wrist/hand. Review of ACOEM guidelines and Official Disability guidelines do not support the treater's request. There is no snuff box tenderness, no tenderness on the ulnar side of the joint and no laxity, no suspicion of gamekeeper injury, and no suspicion for soft tissue tumor. Recommendation is for denial

**One set of right hand, wrist, and long finger x-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on X-rays of wrist/hand

**Decision rationale:** This patient presents with Tuft fracture of the 3rd digit. The Orthopedist obtained an X-ray of the hand on 6/11/13 and is requesting another X-rays to be done on the follow-up visit. Review of ACOEM guidelines and Official Disability guidelines do not support the treater's request. These guideline do not discuss routine follow-up X-rays at each visit. The patient already had 2 x-ray, one on May and second one on 6/11/13. They showed healing fracture. There is no evidence of poor healing or non-union. The treater does not provide any rationale as to why another X-ray would be indicated. Recommendation is for denial.