MAXIMUS Federal Services

Case Number:	CM13-0021345		
Date Assigned:	11/08/2013	Date of Injury:	05/03/2013
Decision Date:	01/30/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	09/09/2013

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 and is licensed to practice in Illinois. 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:

The patient is a 30-year-old male who reported a work related injury on 05/03/2013, as a result of a laceration to the right middle finger. The clinical note dated 08/08/2013 documents the patient was seen for followup under the care of [redacted]. The provider documents the patient reports his pain to be at a 3/10 to 5/10, the patient reports splinting helps relieve the pain for a short period of time. Additionally, the patient is utilizing physical therapy interventions. The patient utilizes ketoprofen 75 mg two times per day and Omeprazole for Gastrointestinal upset. The patient reports the medication help decrease his pain and increase his function. The provider documented x-rays performed of the patient's right hand, wrist, and long finger were performed in clinic which revealed there appeared to be a healing tuft fracture of the distal phalanx of the long finger. Subsequent x-rays performed of the right hand on 08/09/2013 and 09/12/2013 revealed a healing-type fracture of the distal phalanx and the right middle finger. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Omeprazole 20mg #30 between 7/12/2013 and 9/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents with a recent tuft fracture to the right long finger, status post a work related injury sustained on 05/03/2013. The provider documents the patient is utilizing oral ketoprofen as well as Omeprazole by mouth twice a day. The provider documents the patient utilizes Omeprazole for gastrointestinal upset; however, it is unclear if this medication is being prescribed for prophylactic use, as the clinical notes did not indicate the patient had a history of gastrointestinal complaints. California Medical Treatment Utilization Schedule (MTUS) supports utilization of this medication for patients at risk for gastrointestinal events. Given the lack of documentation evidencing the above, the request for one prescription of Omeprazole 20 mg #30 between 07/12/2013 and 09/29/2013 is not medically necessary or appropriate.

One request for orbital x-rays between 7/12/2013 and 9/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient sustained an injury to the right middle, long finger. Rationale for orbital x-rays is not evidenced in the clinical notes reviewed. The provider is requesting orbital x-rays as the patient has a history of working with metal and x-rays would be necessary prior to an Magnetic Resonance Imaging. However, Magnetic Resonance Imaging for this patient at this point in his treatment is not supported. Given all of the above, the request for orbital x-rays between 07/12/2013 and 09/29/2013 is not medically necessary or appropriate.

One single positional magnetic resonance imaging between 7/12/2013 and 9/29/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient presents with a healing right long finger tuft fracture. The clinical notes evidence the patient's condition is improving. The patient has been utilizing a medication regimen, splinting, and has undergone serial radiographs of the right hand. The provider is documenting on the clinical note dated 08/08/2013 a request for orbital x-rays as the patient has a long history of working with metal and for the patient to undergo an Magnetic Resonance Imaging. However, there is a failure of the provider to document rationale for the patient to undergo an Magnetic Resonance Imaging at this point in his treatment. As imaging of the

patient's right hand revealed a healing tuft fracture of the distal phalanx of the long finger. Given the lack of any red flag findings as recommended per guidelines prior to imaging studies, the request for one single positional magnetic resonance imaging between 07/12/2013 and 09/29/2013 is not medically necessary or appropriate.