MAXIMUS Federal Services

Case Number:	CM13-0031703		
Date Assigned:	12/04/2013	Date of Injury:	05/03/2013
Decision Date:	01/22/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery has a subspecialty in Hand Surgery and is licensed to practice in Georgia and Texas. 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 with a reported date of injury of 05/03/2013. The patient was washing a car when his finger got stuck on a range of motion and he sustained a laceration to the right middle finger. In the emergency room, the patient underwent an x-ray of the right middle finger and was noted to have a non-displaced oblique fracture of the distal aspect. The radiology report on 06/04/2013 indicates the patient underwent x-ray of the right hand that revealed middle finger distal phalanx non-displaced fracture with some callus formation. The clinical note on 06/11/2013 reported the patient complained of 7/10 to 8/10 right hand pain. The patient underwent x-rays again on 06/11/2013 that revealed healing tuft fracture of the distal phalanx of the long finger. X-rays of the right hand were again taken on 07/12/2013 that revealed tuft healing fracture of the distal phalanx of the long finger. The patient underwent repeat imaging on 08/09/2013 that revealed healing fracture. The patient also underwent repeat x-ray on 09/12/2013 that revealed healing fracture. The exam on 09/12/2013 revealed the patient had 70 degrees of right wrist extension and flexion with 5/5 grip strength and full range of motion of all MCP and IP joints as well as ability to make a full fist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic visits between 8/9/2013 and 11/01/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

Decision rationale: CA MTUS Guidelines states that, "Chiropractic care for the Forearm, Wrist, & Hand: Not recommended." The documentation submitted for review indicates the patient was receiving manipulation for the right hand/wrist. As quoted above, California MTUS Guidelines to not recommend chiropractic care for the forearm, wrist, or hand. Therefore, the request is non-certified.

1 X-ray of the right hand between 8/9/2013 and 11/01/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-8.

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

Decision rationale: CA MTUS/ACOEM guidelines state that "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." The documentation submitted for review indicates the patient underwent serial radiographs. The patient underwent radiograph on 05/03/2013, 06/04/2013, 06/11/2013, 07/12/2013, 08/09/2013, and 09/12/2013. All x-rays revealed healing fracture of the left long finger. There is lack of documentation to support the need for x-ray of the right hand between 08/09/2013 and 11/01/2013. The patient's pathology has been adequately identified. There is no significant change in the patient's symptoms to warrant repeat x-ray of the right hand. As such, the request is non-certified.