

Case Number:	CM13-0045795		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2011
Decision Date:	03/14/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of 5/2/11. A utilization review determination dated 10/23/13 recommends non-certification of 3 view x-rays of both thumbs as the patient had already had x-rays done and repeat x-rays were not indicated. A progress report dated 11/26/13 identifies subjective complaints including pulsating pain, burning sensation, numbness and tingling, and weakness in the right thumb. The objective examination findings identify right thumb and index TTP volar aspect MCP joints, 4/5 right thumb flexor strength, decreased light touch sensation, pinprick and 2PD at right thumb, positive Phalen's, Tinel's, and median nerve compression testing. The diagnoses include injury right thumb, irregular localized right thumb pain, extension contracture IP-1 joint, neuritis ulnar and median nerves right upper extremity and tendinitis A-1 pulley right thumb and index finger without triggering. The treatment plan recommends 3 views x-rays right and left, bone scan, and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

A 3 view x-rays of both thumbs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268 and 272.

Decision rationale: Regarding the request for 3 view x-rays of both thumbs, California MTUS supports x-rays for red flag conditions such as fracture, dislocation, and osteoarthritis or after a 4-6 weeks period of conservative treatment when specific conditions such as a scaphoid fracture are suspected. They recommend against routine use for evaluation of forearm, wrist, and hand conditions. Within the documentation available for review, there is documentation that prior x-rays have been performed and there is no clear rationale identifying why new and/or repeat x-rays are needed rather than reviewing the x-rays that have apparently been performed previously. In light of the above issues, the currently requested 3 view x-rays of both thumbs are not medically necessary.