

Case Number:	CM14-0010320		
Date Assigned:	02/21/2014	Date of Injury:	07/12/2013
Decision Date:	07/18/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 36-year-old male with a 7/12/13 date of injury after falling from a collapsed balcony 10 feet. Plain films and a CT scan were apparently done on the day of injury, which per the patient were all negative. The patient had a laceration on the right index finger closed (7/17/13). The patient was seen on 8/27/13 complaining of right wrist and hand pain. On 12/18/13 the patient complained of worsening right wrist pain with stiffness and swelling, 7/10. Exam findings revealed tenderness over the right 2nd digit, limited eversion and inversion of the wrist, erythema, and slight distal ulnar and radial swelling. Treatment to date: physical therapy, medications. A UR decision dated 1/2/14 denied the request given there is no significant change in the clinical findings of the upper extremity, and no documentation of the preliminary diagnostic studies such as X-rays that showed a foreign body were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-CT.

Decision rationale: MTUS does not discuss this issue. Per ODG, recommendations for obtaining a hand or wrist CT include a distal radius fractures where there is a high likelihood of intra-articular incongruence, such as fractures in young adults, which frequently result from high-energy impact loading, selective or even routine use of CT to supplement the standard radiographic examination is warranted. There is no documentation of an official radiography plain film report of a foreign body next to the second digit. In addition, CT's are recommended in acute injuries in order to supplement standard plain films. This patient's hand is not acutely injured, and per the patient on a progress report dated 7/17/13 all of his imaging was negative. He had a finger laceration in the right 2nd finger that was closed. There was no mention of a foreign object. In addition, there are no radiographs available for review. Therefore, the request for a CT of the upper extremity was not medically necessary.