

Case Number:	CM14-0151623		
Date Assigned:	09/19/2014	Date of Injury:	08/31/2013
Decision Date:	12/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 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:

The patient is a 61-year-old female with a date of injury of 08/31/2013. The listed diagnoses per [REDACTED] are: 1. Cervical musculoligamentous sprain/strain, 2. Lumbosacral musculoligamentous sprain/strain, 3. Right hand sprain, 4. Hairline fracture of right index finger, 5. Rule out left knee internal derangement. According to progress report 07/22/2014, the patient presents with pain in her bilateral right greater than left hand, which she describes the pain as aching. The patient also complains of pain in her index finger and thumb. Examination of the upper extremity revealed nonspecific tenderness in the right hand. Palpation indicates moderate tenderness at the medial, lateral, pain along MCP, PIP, and DIP of index on the right. Report 03/27/2014 states the patient has right index finger PIP joint arthralgia. Examination of the right index finger noted tenderness on from the DIP joint to the MCP, but mostly centered at the PIP. Range of motion at the MP joint is 0 to 90 degrees, PIP is 0 to 100 degrees, and DIP is 0 to 70 degrees. This is a request for CT scan of the right index finger. Utilization review denied the request on 08/27/2014. Treatment reports from 03/27/2014 through 08/26/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right index finger only: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) its wrist/hand chapter has the following regarding Computed tomography (CT)

Decision rationale: This patient presents with pain in her right index and thumb. This is a request for "CT scan of the right index finger only." Review of the medical file indicates the patient felt a sharp right hand pain while performing her duties at work. She was examined and radiographs were obtained. Results of the radiographs were not provided for my review. The patient reported that she had a hairline fracture and was provided with a splint. Treatment history has included medications and physical therapy. Utilization review denied the request stating that "likelihood of hairline fracture not being able to be detected by plain x-rays, one year post injury is next to zero." ODG guideline under its wrist/hand chapter has the following regarding Computed tomography (CT), "Recommended for indications below. In 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." Indication for imaging for chronic pain is 3 weeks or more of pain, suspect occult fracture possibly hamate, plain films nondiagnostic. In this case, the patient has had radiographs which detected a hairline fracture in 2013. The patient continues with residual pain and tenderness, despite medications and therapy. Given such, a CT scan for further investigation is reasonable and the request is medically necessary.