

Case Number:	CM14-0061762		
Date Assigned:	07/09/2014	Date of Injury:	05/13/2013
Decision Date:	08/19/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/02/2014

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:

The claimant was injured on 05/13/13. A CT scan of the right hand is under review. He sustained a fracture of the right fourth metacarpal bone and had hardware removal. He also had a fracture dislocation of the right fifth metacarpal/hamate bone. He underwent surgery in July 2013 for hardware removal. He was seen in 2013 and early 2014 and had ongoing pain. He was seen on 03/31/14 and pain still made working difficult. He wanted to be pain-free. He had tenderness. A CT scan was recommended followed by a second opinion with an orthopedic surgeon. He saw [REDACTED] on 02/24/14 and stated his hand hurts. It radiates to the site of injury. He indicated the site of the injury. He had pain with lifting a gallon of milk. He was tender at the carpometacarpal joint. There was no crepitus. He was to be rechecked again in 4-6 weeks and if not improved surgery would be considered. A CT scan was ordered. A second opinion with Orthopedics would be requested after the CT scan was done. On 03/31/14, he still had tenderness. Surgery is being considered.

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 hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The history and documentation do not objectively support the request for a CT scan at this time. The claimant's course of evaluation and treatment since his final surgery is unclear, including whether or not he has tried local modalities or medications for pain relief or whether or not he has been involved in an ongoing exercise program. The MTUS state CT scan may be recommended to evaluate for infection. The Official Disability Guidelines state indications for imaging -- computed tomography (CT): Acute hand or wrist trauma, scaphoid fracture on films, concern for displacement or age of fracture Acute hand or wrist trauma, comminuted distal radius fracture, suspect incongruity of joint Acute hand or wrist trauma, suspect distal radioulnar joint subluxation Acute hand or wrist trauma, suspect hook of the hamate fracture, initial radiographs normal or equivocal Acute hand or wrist trauma, suspect metacarpal fracture or dislocation, if strong clinical concern exists following negative or equivocal plain film- Chronic wrist pain, pain for more than 3 weeks, suspect occult fracture possibly hamate, plain films nondiagnostic. In this case, there are no significant physical findings as only tenderness has been documented. The medical necessity of a CT scan has not been clearly demonstrated. Therefore, this request is not medically necessary.