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| Case Number: | CM15-0103690 | | |
| Date Assigned: | 06/08/2015 | Date of Injury: | 11/01/2007 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 53 year old man sustained an industrial injury on 11/1/2007. The mechanism of injury is not detailed. Diagnoses include osteoarthritis of the left thumb. Treatment has included oral medications. Physician notes dated 4/16/2015 show complaints of left thumb pain. Recommendations include CT scan of the left thumb, Norco, thumb spica brace, urine drug screen, surgical consultation, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAT (Computed Axial Tomography) scan for the left thumb: 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): 269.

Decision rationale: The ACOEM in regards to hand and wrist complaints states, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the

diagnosis may be warranted if the medical history and physical examination suggest specific disorders." The ACOEM provides a table (Table 11-6) on which the ability of CT scan to identify forearm, wrist, and hand pathology is listed. The only condition listed for which CT scan is indicated is infection. The medical record does not suggest the presence of infection or any other indication or specific disorder for which the CT is ordered. It is being ordered by the ordering physician at the request of the surgeon but the reason the surgeon believes it is indicated is not provided. Therefore the request is not medically necessary.