

Case Number:	CM15-0015972		
Date Assigned:	02/04/2015	Date of Injury:	10/25/2011
Decision Date:	04/16/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 75 year old female, who sustained an industrial injury on October 25, 2011. The injured worker had reported a right heel injury after being bumped with a cart. The diagnoses have included left hip bursitis, left iliotibial band syndrome, left heel calcaneus fracture with residual bone spur causing retrocalcaneal bursitis and Achilles tendinitis, cervical strain and left hand carpal tunnel syndrome. Treatment to date has included medications, topical analgesics, radiological studies, physical therapy, shockwave therapy and laser therapy. Current documentation dated December 10, 2014 notes that the injured worker complained of persistent intermittent neck pain, which was unchanged from the prior visit. She also reported constant left hand pain, left hip pain and left ankle pain, all of which were unchanged from the prior visit. Physical examination of the cervical spine revealed tenderness of the paraspinal muscles, left greater than the right. Range of motion was decreased and a Spurling's test was positive on the left. Strength and sensation was also noted to be decreased on the left. Examination of the left wrist revealed tenderness to the thenar aspect and the grip was noted to be a four/five. Examination of the left hip, knee and ankle revealed a decreased range of motion. The treating physician's recommended plan of care included a request for a computed tomography scan of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, CT Scan Section.

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

Decision rationale: Guidelines recommend CT scan for acute hand for suspected fracture or joint subluxation following completion of plain radiographic films. In this case, there is no documentation of fracture or subluxation for which CT scan of the hand would be appropriate. In addition, there is no documentation that radiographic imaging was performed. Thus, the request for CT scan of the left hand is not medically necessary and appropriate.