

Case Number:	CM15-0144717		
Date Assigned:	08/05/2015	Date of Injury:	05/12/2015
Decision Date:	09/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: North Carolina
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:

The injured worker is a 38-year-old male who sustained an industrial injury on 5-12-15. He had complaints of right hand pain. Diagnoses include: closed fracture right hand, sprain strain right hand wrist and contusion right hand. Treatments include: medication, cold-corpac hot-cold therapy, arm sling, wrist splint, surgical intervention and physical therapy. Progress report dated 7-10-15 reports post op follow for right hand. He is doing well with less pain and swelling, still has stiffness. X-rays today: nearly healed fracture. Diagnoses status post op right 4th fracture. Plan of care: continue therapy 3 times per week for 4 weeks and dispensed prescription for Ultram. X-rays next visit. Work status: off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and hand Procedure Summary online version (updated 06/29/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: The ACOEM chapter on hand complaints states: Radiographic films may show a fracture; stress views, if obtainable, may show laxity. The diagnosis may necessitate surgical repair of the ligament; therefore, a surgical referral is warranted. The patient has the diagnosis of metacarpal fracture. Most recent exam showed incomplete healing of the fracture. Therefore, repeat x-ray to ensure complete union is medically warranted.