

Case Number:	CM15-0184269		
Date Assigned:	09/24/2015	Date of Injury:	07/07/2014
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic finger pain reportedly associated with an industrial injury of July 7, 2014. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for an X-ray of the ring finger. The claims administrator referenced an August 4, 2015 office visit in its determination. The claims administrator noted that the claimant had undergone an earlier finger PIP implant arthroplasty procedure on June 5, 2015. The claims administrator seemingly based its denial on what it claimed was insufficient information. X-rays of the finger were apparently performed, despite the unfavorable Utilization Review determination, did demonstrate a joint prosthesis of the fourth PIP joint, in similar position and alignment. On August 24, 2015, the applicant reported complaints of improving finger pain status post the prosthetic implant. The applicant also reported hand paresthesia. The applicant's medication list included Motrin, Zestril, Prilosec, tramadol, Voltaren gel, Celexa, and Elavil. Electrodiagnostic testing was sought to evaluate the applicant's allegations of hand paresthesias. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. There was no explicit mention of the need for the x-ray in question. The bulk of the information seemingly comprised of mental health notes. The applicant underwent a right ring finger PIP joint implant arthroplasty to ameliorate a preoperative diagnosis of right finger PIP joint degenerative joint disease on June 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray right ring finger: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: Yes, the proposed x-ray of the right ring finger was medically necessary, medically appropriate, and indicated here. The x-rays in question were apparently performed on September 14, 2015 and did demonstrate an indwelling prosthetic some three months status post a ring finger PIP joint arthroplasty procedure. The MTUS Guideline in ACOEM Chapter 11, Algorithm 11-1, page 274 does recommend plain film radiographs of the hand or wrist in applicants in whom there are red flags of fracture or dislocation present. By implication/analogy, performing plain film x-rays to follow up on the positioning of the applicant's prosthetic some three months status post ring finger PIP joint prosthetic implantation was, thus, indicated. Therefore, the request was medically necessary.