

<b>Case Number:</b>	CM15-0036619		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old male, who sustained an industrial injury on 9/05/2014, after glove got caught in a drill machine, causing injury to his left hand. The diagnoses have included lumbar sprain. Treatment to date has included conservative measures. Currently, the injured worker complains of left hand pain, third and fourth fingers, rated 2/10. Medications for pain included Naproxen and Lidopro topical ointment. Physical exam of the left hand noted no edema or swelling, tenderness to third and fourth fingers, and decreased range of motion. Strength was 4/5 and no sensory deficits were noted. Prior radiographic imaging of the left hand was not referenced. On 2/17/2015, Utilization Review non-certified a request for left hand x-rays, complete, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left 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), 2015 online version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, Radiography.

**Decision rationale:** The patient was injured on 06/30/14 and presents with left hand pain as well as pain in the third and fourth fingers. The request is for a X-RAY OF THE LEFT HAND. The utilization review denial rationale is that "there is no documentation of a red flag diagnosis or failure of conservative care". The RFA is dated 02/09/15 and the patient is on a modified work duty. Review of the reports provided does not indicate if the patient had a prior x-ray of the left hand. MTUS/ACOEM Chapter 11, Wrist, forearm, hand, page 268-269 for Special Studies and Diagnostic and Treatment Considerations state: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: "In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture." ODG guidelines, chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'Radiography', states the following "Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified". Physical exam of the left hand noted no edema or swelling, tenderness to third and fourth fingers, and decreased range of motion. Clinical presentation and physical examination indicate the need for additional testing. The progress reports do not document prior X-rays. ODG guidelines support x-rays in patients with chronic pain in the left hand. Therefore, the requested x-ray of the left hand IS medically necessary.