MAXIMUS Federal Services

Case Number:	CM15-0040051		
Date Assigned:	03/10/2015	Date of Injury:	09/08/2014
Decision Date:	04/21/2015	UR Denial Date:	02/08/2015
Priority:	Standard	Application Received:	03/03/2015

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, Tennessee
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 28-year-old male who sustained an industrial injury on 09/08/2014. He stated he left his right hand in the machine and it compressed my hand along with the dirt. Treatment to date includes right index finger exploration of laceration with repair of flexor tendon superficialis and open reduction internal fixation of right index proximal phalanx fracture with plate and screws. Other treatment includes wound care, arm sling and medications. He presents on 01/06/2015 with complaints of right hand pain with numbness. Physical exam noted limited range of motion right hand index finger. Diagnosis was fracture right hand crush injury. The provider requested an x-ray of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Rays of the right hand: Upheld

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 & Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand, Radiography.

Decision rationale: X-rays of the hand are recommended for the following indications for imaging X-rays: Acute hand or wrist trauma, wrist trauma, first exam. Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days. Acute hand or wrist trauma, suspect distal radioulnar joint subluxation. Acute hand or wrist trauma, suspect hook of the hamate fracture. Acute hand or wrist trauma, suspect metacarpal fracture or dislocation. Acute hand or wrist trauma, suspect phalangeal fracture or dislocation- Acute hand or wrist trauma, suspect thumb fracture or dislocation. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. In this case the patient underwent open repair and internal fixation to right index finger after a crush injury. The patient had postoperative x-rays performed. There is no documentation that there has been significant change in the patient's signs or symptoms since the x-ray was performed. The patient has not suffered from a new injury. There is no indication for a hand x-ray. The request should not be authorized.