

<b>Case Number:</b>	CM14-0206862		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old female who reported an injury on 09/09/2013. The mechanism of injury was unspecified. The diagnosis include neuritis of the lower limb. Past treatments included medication and injection. On 08/22/2014, the injured worker complained of right foot pain. The physical examination revealed tenderness over the medial ankle, abductor hallucis origin. The injured worker's vascular, sensation and motor strength evaluation was indicated to be within normal limits. An unofficial MRI performed on 07/22/2014 indicated a MCL sprain or atrophy of abductor digiti quinti with thickening of the proximal plantar fascia. The treatment plan included associated surgical services: Use of Fluoroscopy, 2 view x-ray left index finger, and Keflex 500 mg #20 with 1 refill. A rationale was not provided. A Request for Authorization was received 08/27/2014. Documentation regarding medication, pertinent surgical history and pertinent diagnostics were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services: Use of fluroscopy:** Upheld

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

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

**Decision rationale:** The request for associated surgical services for use of fluoroscopy is not medically necessary. According to the Official Disability Guidelines, ultrasound is recommended to accurately detect tendon injuries. There was lack of documentation to indicate medical necessity for an ultrasound to accurately detect for a tendon injury. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Associated Surgical Services:Two view x-ray left index finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004), pages 288-289; Official Disability Guidelines (ODG) Wrist, Hand, Forearm

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The request for associated surgical services: two view x-ray left index finger is not medically necessary. According to the California MTUS/ACOEM Guidelines, most patients with true and hand/wrist problems should have a 4 to 6 week period of conservative care and observation prior to having diagnostic studies performed. The injured worker was indicated to have had injections. However, there was lack of documentation the injured worker had undergone a 4 to 6 week period of conservative care and observation prior to ordering an imaging study. In the absence of the above, the request was not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Associated Surgical Services:Keflex 500 mg # 20 one refill:** 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) Keflex

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Cephalexin (Keflex®).

**Decision rationale:** The request for associated surgical services: Keflex 500 mg #20 one refill is not medically necessary. According to the Official Disability Guidelines, Keflex is recommended as a first line treatment for cellulitis and other conditions. Furthermore, the guidelines indicated for outpatients with nonpurulent cellulitis, empirical treatment for infection due to beta hemolytic streptococcal and methicillin sensitive S aureus. There was lack of documentation for medical necessity to indicate the injured worker needed first time treatment for cellulitis, nonpurulent cellulitis or infection due to beta hemolytic streptococcal and

methicillin-sensitive *S aureus*. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.