

<b>Case Number:</b>	CM15-0006527		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Arizona

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 60-year-old female who reported an injury on 08/14/2014 after being hit by a motor vehicle. The injured worker's treatment history was significant for open reduction and internal fixation of a proximal phalanx fracture of the right little finger. Postsurgical care included physical therapy and medications. The injured worker was evaluated on 12/09/2014. It was noted that this was an initial visit for this physician. The injured worker's diagnosis included fracture of proximal phalanx right little finger and status post open reduction and internal fixation. Physical findings included extension of the right little finger to 180 degrees at the metacarpophalangeal joint and to 175 degrees at the proximal interphalangeal joint and to 270 degrees at the distal interphalangeal joint. It was noted that the injured worker had 70 degrees in flexion of the right little finger. It was noted that the right little finger was significantly stiff. The injured worker's treatment plan included night flexion splinting and occupational therapy. Multiple diagnostic studies were also requested. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xray of the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG, Shoulder, Radiology, Indications for Imaging

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 207-209.

**Decision rationale:** The requested x-ray of the shoulder is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends x-rays of the shoulder in the event of traumatic injuries. The clinical documentation submitted for review does not provide an assessment of the right shoulder to support the need for diagnostic imaging. As such, the requested x-ray of the shoulder is not medically necessary or appropriate.

**Xray of the Right Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, & Hand

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

**Decision rationale:** The requested x-ray of the right wrist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends x-rays of the wrist in the event of traumatic injury. The clinical documentation submitted for review does not provide an assessment of the right wrist to support the need for diagnostic imaging. As such, the requested x-ray of the right wrist is not medically necessary or appropriate.