

Case Number:	CM15-0125719		
Date Assigned:	07/10/2015	Date of Injury:	02/17/2015
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 25-year-old male with a February 17, 2015 date of injury. A progress note dated April 24, 2015 documents subjective complaints (intermittent, moderate, sharp left hand pain; left middle finger pain; stiffness with numbness, tingling, and weakness), objective findings (tenderness to palpation of the palmar aspect of the left hand; decreased grip strength of the left hand; decreased sensation to the left ring finger; tenderness of the dorsum of the left hand and ring finger), and current diagnoses (left hand/ring finger crush injury; left hand sprain/strain). Treatments to date have included medications, x-rays of the left ring finger (March 16, 2015; showed fracture of the distal tuft of the fourth digit with soft tissue swelling), and work restrictions. The treating physician documented a plan of care that included a physical medicine and rehabilitation consultation, x-ray of the left hand, and 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:

Physical medicine and rehabilitation consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The need for consult however is not established in the provided clinical documentation or exam, Therefore the request is not medically necessary.

X-ray of left hand: Overturned

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

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

Decision rationale: The ACOEM chapter on hand complaints table 11-6 recommends radiographs for evaluation of ganglion cysts, infection or suspected fracture. Review of the provided clinical documentation indicates the patient has had a crush injury to the left hand and therefore radiographs would be indicated. The request is medically necessary.

X-ray of the right hand: Upheld

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

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

Decision rationale: The ACOEM chapter on hand complaints table 11-6 recommends radiographs for evaluation of ganglion cysts, infection or suspected fracture. Review of the provided clinical documentation does not indicate the patient has any of these conditions. Therefore, the request is not medically necessary.