

Case Number:	CM15-0127887		
Date Assigned:	07/22/2015	Date of Injury:	03/17/2015
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/01/2015

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: Orthopedic Surgery, Hand Surgery, Sports 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 40 year old male, who sustained an industrial injury on March 17, 2015. The injury occurred when the injured worker was picking up a pallet and experienced pain in the left hand. The diagnoses have included left thumb radial lateral collateral ligament tear, joint pain in the hand, joint pain in the forearm and sprain of the hand. Treatment and evaluation to date has included medications, radiological studies, MRI and a thumb Spica splint. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 4, 2015 notes that the injured worker reported left thumb pain. Examination of the left thumb revealed tenderness in the first web-space as well as the thumb. The injured worker was not able to flex or completely extend the thumb and was not able to do perform abduction or adduction the left hand. The injured worker also had weakness in gripping and grasping. The treating physician recommended a radial lateral collateral ligament repair. The treating physician's plan of care also included a request for a left hand x-rays (2 views), a PA assistant and Keflex 500 mg # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left X-ray Hand, 2 views: 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), Radiographs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA guideline on Medical X-ray Imaging www.fda.gov.

Decision rationale: This is a request for additional x-rays. Records provided indicate x-rays of the injured thumb were performed on March 18, 2015, April 28, 2015 and May 28, 2015 and fluoroscopy "live x-ray" was performed on April 28, 2015 and May 28, 2015. FDA guidelines on medical x-rays note, "Efforts should be made to minimize this risk by reducing unnecessary exposure to ionizing radiation. To help reduce risk to the patient, all exams using ionizing radiation should be performed only when necessary to answer a medical question, treat a disease, or guide a procedure." In this case multiple sets of x-rays of the injured thumb have already been performed and more x-rays are unlikely to provide additional information which would positively influence the course of treatment or outcome to justify the additional radiation and therefore is not medically necessary.

PA Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th edition Chapter 9, Dislocations and Ligament Injuries in the Digits Page 291 - 332.

Decision rationale: This is a request for an assistant surgeon for thumb metacarpophalangeal joint collateral ligament repair or reconstruction surgery. The details of such surgery are covered in the specialty text referenced. This is a small surgery performed through an incision perhaps 2 cm long. An assistant surgeon is not medically necessary.

Keflex 500mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthopedic literature oral antibiotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Antimicrobial Prophylaxis in Surgery Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

Decision rationale: This is a request for a three-day course of prophylactic antibiotics for clean elective hand surgery. Current guidelines recommend a single preoperative dose or continuation

for not more than 24 hours. A three-day course of antibiotics is not recommended and therefore is not medically necessary.