

Case Number:	CM13-0017627		
Date Assigned:	01/31/2014	Date of Injury:	03/23/2013
Decision Date:	04/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/28/2013

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 Family Practice and is licensed to practice in Utah. 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 patient is a 30 year old male. The patient's date of injury is March 23, 2013. The mechanism of injury was repetitive bending, and constant use of hands. The patient has been diagnosed with Dequervain's Tendinitis, Thumb pain, hand pain, neuropathy of the Right wrist and back pain. There is a mention of surgery on the hand, but according to the clinical documents, it is unclear exactly what the injury and repair were. The patient's treatments have included physical therapy, medications, imaging studies. The physical exam findings show tenderness to palpation of the thenar portion of the hand, decreased range of motion, including thumb flexion, extension adduction and abduction. A positive Finkelstein's test was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT HAND/THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): s 268-269. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PHYSICAL/OCCUPATIONAL THERAPY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 269-273.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical documentation provided and current MTUS guidelines; there is a lack of clinical documents providing an initial XR of the hand/thumb. There is lack of documentation of numbness and tingling in the hands and fingers. There is also lack of clinical symptoms changing or worsening that would indicate an MRI to be performed. Dequervain's tendonitis, according to MTUS guidelines, has no indication for a MRI to be performed. A MRI of the right Hand/Thumb is not indicated as a medical necessity to the patient at this time.

EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 269-273.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical documentation provided and current MTUS guidelines; there is a lack of clinical documents providing an initial XR of the hand/thumb. There is a lack of documentation of numbness and tingling in the hands and fingers. There is also lack of clinical symptoms changing or worsening that would indicate an EMG to be performed. Dequervain's tendonitis, according to MTUS guidelines, has no indication for an EMG to be performed. An EMG of the right Hand/Thumb is not indicated as a medical necessity to the patient at this time.

NCV RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 269-273.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical documentation provided and current MTUS guidelines; there is a lack of clinical documents providing an initial XR of the hand/thumb. There is a lack of documentation of numbness and tingling in the hands and fingers. There is also lack of clinical symptoms changing or worsening that would indicate an NCV to be performed. Dequervain's tendonitis, according to MTUS guidelines, has no indication for an NCV to be performed. An NCV of the right Hand/Thumb is not indicated as a medical necessity to the patient at this time.

