

Case Number:	CM13-0019639		
Date Assigned:	06/06/2014	Date of Injury:	04/27/2012
Decision Date:	07/14/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 62 year old male with reported injury on 04/27/2012 due to a freezer door hitting left hand. Upon exam on 03/13/2013, there are complaints of decreased range of motion and cervical spine spasms. He was guarding and complained of tenderness and numbness in arms bilaterally over the C5 dermatome. He had a positive Hawkins of left wrist, positive Phalen of left hand, positive impingement sign and positive reverse Phalen with tenderness over the distal radius over ulnar aspect of wrist. The diagnoses were shoulder sprain/strain and cervical radiculopathy of wrist. Medications were Medrox patch, Prilosec, Relafin and Ultram. On 03/13/2013 there was an MRI performed which showed left thumb with mild degenerative changes at first metacarpal trapezium joint. On 03/25/2013 he had a nerve conduction study done which showed cervical radiculopathy and peripheral neuropathy. Chiropractic therapy began on 02/28/2013. Upon exam he had complained of left hand, wrist and thumb pain with sharp, stabbing pain radiating to forearm with tingling and numbness and difficulty grasping, pulling and holding. His strength test was right 110/110 and left 30/30. The treatment plan included left wrist arthroscopy on 05/16/2013 followed by physical therapy. The request for authorization form and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN CARPOMETACARPAL JOINT OF THE LEFT THUMB: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

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

Decision rationale: The MUTS/ACOEM Guidelines states for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. In this case, the patient's nerve conduct study showed cervical radiculopathy and peripheral neuropathy. MRI of the left thumb performed 03/13/2013 showed mild degeneration changes at first metacarpal trapezium joint. The patient had multiple chiropractic appointments without reports of effectiveness. There is a lack of documentation regarding the failure of conservative measures. The rationale for the submitted request was not provided. Furthermore, the rationale for requesting additional imaging is unclear. Therefore the request for CT scan carpometacarpal joint of the left thumb is not medically necessary and appropriate.