MAXIMUS Federal Services

Case Number:	CM13-0020758		
Date Assigned:	11/08/2013	Date of Injury:	09/21/2012
Decision Date:	01/30/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 48-year-old male who reported an injury on 09/21/2012. The mechanism of injury was stated as the patient was trying to lift a 200 pound piece of metal with another coworker, the other person let go as the patient was somewhat bended, the metal pulled his arm and crushed his right hand. The patient's symptoms are noted to include right hand, wrist, and shoulder pain, with numbness and tingling to his hand and wrist. The physical exam findings included limited range of motion in his right shoulder with pain, positive Roos test, positive Apley's test, positive supraspinatus press test, and positive impingement test. Additional objective findings included positive Tinel's sign in the right wrist, positive Phalen's, moderate restriction on flexion, slight restriction on extension, radial and ulnar deviation, weak muscle testing, tenderness and muscle spasm, positive Finkelstein's test, absent reflexes bilaterally, and dermatome was decreased on the left. His diagnoses were listed as wrist sprain, thumb sprain, hand sprain, and shoulder sprain. A recommendation was made for an additional 6 to 8 chiropractic visits as it was noted he previously had 2 visits. It was also noted that he needed an MRI of the right shoulder, hand, and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist: Upheld

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

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

Decision rationale: According to ACOEM Guidelines, for most patients presenting with hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. It further specifies that if symptoms have not resolved in 4 to 6 weeks, imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The documentation submitted for review suggests that the patient was evaluated for his injury for the first time in 08/2013 with the exception of his emergency room visit just after the injury. A recommendation was made for 8 to 10 chiropractic visits. There is no other documentation of conservative care treatments. As the patient was not noted to have completed 4 to 6 weeks of conservative care, imaging studies are not supported. Additionally, the documentation does not suggest that the medical history and physical exam suggests a specific disorder. For these reasons, the request is non-certified.

MRI right hand: Upheld

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

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

Decision rationale: According to ACOEM Guidelines, for most patients presenting with hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. It further specifies that if symptoms have not resolved in 4 to 6 weeks, imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The documentation submitted for review suggests that the patient was evaluated for his injury for the first time in 08/2013 with the exception of his emergency room visit just after the injury. A recommendation was made for 8 to 10 chiropractic visits. There is no other documentation of conservative care treatments. As the patient was not noted to have completed 4 to 6 weeks of conservative care, imaging studies are not supported. Additionally, the documentation does not suggest that the medical history and physical exam suggests a specific disorder. For these reasons, the request is non-certified.