

Case Number:	CM14-0016481		
Date Assigned:	03/07/2014	Date of Injury:	10/20/2009
Decision Date:	04/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 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 61 year old female that reported an injury of a paper cut on her left hand that became infected. The patient reported that the cut became infected then began a series of treatments which included surgery to the first ray times 4 with involvement of the metacarpophalangeal joints times 2 and the Carpometacarpal joint times 2, then debridement followed by surgery for correction. The third surgery was due to bone to bone residuals and the fourth was to try and increase mobility. The clinical note dated 12/18/2013 noted that the patient complained of pain with a level of 4-6/10 on average with medications but with cold weather it is an 8/10 and the patient complained of decreased use of her hand, complained of dropping things and unable to lift things. Current medications include Norco, Exalgo daily, Hydrocodone 10/325mg 1-2 tablets twice a day as needed, Diphenhydramine 25mg capsules, Lyrica 75 mg 1 tablet in the morning and 2 tablets at bedtime, Lunesta 3 mg tablet daily at bedtime, alternates with Ambien 10mg \hat{A} $\frac{1}{2}$ at bedtime and \hat{A} $\frac{1}{2}$ tablet later, Tizanidine 2 mg 2-3 at bedtime for cramps. On examination it is noted that the patient uses her hand more for gross assist rather than demonstrating individual finger movements, although she can do some. The patient is noted to have 45 degrees rotation on the left neck. Multisegmental motor responses of the upper extremities are limited by pain. The patient is noted to rub her left hand constantly; the patient is able to have some subluxation of the metacarpophalangeal joint on her left hand. The patient's left shoulder abduction and flexion are to 90 degrees. External rotation is three finger tips from the shoulder. Internal rotation on the left is to L1. Left wrist demonstrates full pronation and supination, but it appeared to be slightly harder. The patient's hands and wrist were cold to touch on the level just above the shirt. There was slight numbness of the upper extremities, more in the Final Determination Letter for IMR Case Number [REDACTED] fingertips. The patient

reported that she continues in the pool to help with range of motion and continues with desensitization with cat litter mix.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE WITH CONTRAST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has had a previous MRI, but it is noted on the clinical documentation from the current doctor for over the last year in his notes that he is unable to access this for review. The patient is noted in the documentation to have an increase in the problems of dropping more things, not being able to pick things up, she has to have help with bathing, cooking, cleaning and she is unable to carry things that weigh more than two pounds and this has worsened. Therefore, the requested MRI is medically necessary and appropriate.