

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0111340 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 04/13/2014 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/16/2014 |

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 49 year old diabetic male who injured his right hand and wrist while lifting a heavy piece of luggage on 04/13/2004. He experienced immediate pain and swelling in the forearm and hand. He was seen in the [REDACTED] on 04/19/2014 and treated for tendinitis. He then saw an Orthopedic Surgeon on 04/24/2014. Xrays were negative for fractures. He was given Celebrex and Norco and also started Physical Therapy. He was initially evaluated by his treating physician on 05/22/2014. Examination revealed swelling and slight erythema of the right forearm with tenderness on the dorsum as well as the volar aspect and increased sensitivity to touch. There was pain with wrist flexion as well as extension. No temperature variation was noted when compared to the opposite side. A Complex Regional Pain Syndrome was suspected and the worker referred to Physical Medicine & Rehabilitation. He underwent an MRI scan of the forearm and hand on 06/04/2014. This revealed marked bone marrow edema of the distal radius with surrounding mass like signal abnormality of the distal forearm extending into the wrist and hand. The Radiologist suspected a Pathological fracture and possible malignancy. On 06/05/2014 there was 8/10 pain, swelling of the hand, tenderness, decreased range of motion and allodynia of the right hand and wrist present. On 06/20/2014 improvement with a course of steroids and hand therapy was documented. After completion of 6 Physical Therapy visits an additional 24 were requested and 12 approved. A three phase nuclear bone scan was also approved. The disputed issues include a repeat MRI scan of the right upper extremity and additional 12 Physical Therapy visits. The documentation does not indicate if there was a workup for malignancy performed. The records also do not include the report of the 3 phase Bone Scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of RUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, CRPS, Diagnostic Criteria, diagnostic imaging Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Complex Regional Pain Syndrome. Topic: Imaging Studies.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not include MRI scans among the acceptable diagnostic imaging tests for CRPS-I. Only plain film radiography and triple phase bone scan are recommended. According to ODG guidelines MRI is not specifically recommended in this instance because of low specificity of findings. CRPS findings on MRI scans of the upper extremities include bone marrow edema, skin edema, joint effusion, and skin and intra-articular uptake. (Schurmann 2007). The available medical records do not document any other reason for the requested repeat MRI scan. If there is a question of a missed fracture xrays may be useful per ODG Guidelines (Capello 2012). The requested repeat MRI scan of the right upper extremity is therefore not medically necessary.

Additional PT RUE 3x8weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines, Reflex Sympathetic Dystrophy (CRPS), Page(s):.

Decision rationale: The CA MTUS guidelines allow 24 visits over 16 weeks for CRPS-I. The records indicate initial completion of 6 visits and approval of an additional 12 visits by UR. After completion of 18 visits the remaining 6 visits should be for active range of motion and normalization of use. The available documentation does not provide reasons for the additional 12 visits requested at this time which will exceed the MTUS guidelines. Therefore the requested additional Physical Therapy is not medically necessary.