

Case Number:	CM14-0121724		
Date Assigned:	08/06/2014	Date of Injury:	02/21/2013
Decision Date:	10/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 56-year-old male with a 2/21/2013 date of injury; she was moving two recumbent bicycles without help. She was pulling the second bicycle and the bike "grabbed the carpet" and her body recoiled. The patient is s/p ORIF left fourth metacarpal 3/6/13 and left pin removal 6/10/13. 7/7/14 determination was non-certified given that symptoms suggested the possibility of complex regional pain syndrome and an MRI was not recommended at that stage. 6/22/14 medical report was largely illegible due to being hand written. There was decreased hand grip strength and increased pain in the MC #4. 5/15/10 progress report revealed left hand pain with intermittent swelling, pain, and numbness. She felt the hand weak and painful. There was color change and intermittent increased sweating over the area. Pain would get to 9/10. Exam revealed a dusky discoloration and mild edema in the left hand and forearm. Decreased sensation to light touch and pinprick and temperature in the distal left upper limb, entire palm and medial aspect of the dorsal hand. The provider stated that etiology of the pain was uncertain but the history and examination could be consistent with complex regional pain syndrome. He further states that there is no definite objective tests that could be performed to diagnose CRPS, the Electrodiagnostic studies could help rule out other possible causes of pain. The provider recommends such study to be performed. 5/10/14 AME revealed regarding the hand there was numbness on the dorsum and swelling. Loss of sensation of the left middle finger on the dorsum of the left middle finger from the "left knuckle downward" to the PIP joint. Stiffness of the left hand and weakness. Pain was rated 3/10 at best and 9/10 at worst. Exam revealed decreased range of motion in the left wrist. Hyperesthesia of the dorsum of the left fourth metacarpal ray and down to the left ring finger at the PIP joint. Future medical care for the left hand included physical therapy, nonsteroidal anti-inflammatory medications for short periods of time, narcotic analgesics reserved for acute flare-ups and for very short periods of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-272 and 258-262.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG states that MRI's are recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) (Schmitt, 2003) (Valeri, 1999) (Duer, 2007) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because

Decision rationale: MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. The patient had chronic wrist pain and per physical findings, possible CRPS. There was a report recommending EDS, however, there were no indication if these were performed and the results. There was also no rationale for the necessity of an MRI and how the results of the study could change the treatment plan. MRI is not an established technique in the imaging evaluation of CRPS. The MRI Left Hand is not medically necessary.