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| Case Number: | CM14-0169929 | | |
| Date Assigned: | 10/20/2014 | Date of Injury: | 07/24/2012 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 10/07/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 Medicine and is licensed to practice in Florida. 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 38-year-old female who sustained a left hand injury on 07/24/2012 after she was "grabbing and pulling for a bag of tomatoes when she hit the back of her left hand against the side of a machine" at work. An initial pain management consultation note dated 04/28/2014 states that she has had pain in her left hand ever since this incident, which she describes as an achy sensation. She has undergone 10 physical therapy treatments with no relief in symptoms. The physical exam at this visit noted that the patient has restricted range of motion in her left hand in all directions. Tenderness on palpation of the palmar and dorsal hand was noted with clicking. She currently uses Motrin as needed for pain. This physician stated that he intended to order an MRI of the left hand to assess for possible ligamentous injury and internal derangement. He also prescribed Tramadol as needed to better control her pain. He also at this initial visit did not have access to any of her previous medical records, and does make a request for them. Below is a summarization of the patient's medical records starting in 07/2012 following her accident: 07/27/2012 3-view left hand x-ray was read as normal. 08/01/2012 office visit recommended continuation of ice and Naproxen as these therapies were described as being moderately effective. A wrist brace was also provided. 08/08/2012 she presented for a follow up office visit and was diagnosed with a left middle trigger finger. It was recommended that she continue ice and naproxen, and that an injection of her trigger finger would be considered if symptoms did not improve. On 08/22/2012 she presented for another follow up visit and an injection of her trigger finger was prescribed. On 08/28/2012 there is a procedure note showing that an injection of the trigger finger was performed utilizing Kenalog. On 09/12/2012 use of brace was discontinued. On 09/21/2012 a 3-view left hand x-ray is repeated, and shows "interval development of a 5mm lucent lesion in the distal third metacarpal eccentric with thin overlying cortex. Differential considerations would include a posttraumatic penetrating lesion versus a

small bone abscess." On 9/28/2012 a return office visit notes the abnormal x-ray findings, and an MRI of the left hand is ordered to further evaluate. On 10/23/2012 an MRI of the left hand is completed. The impression is as follows: "Third metacarpopharyngeal joint changes with joint capsule thickening, complex joint effusion, bone marrow edema, and mild edema in the surrounding soft tissues consistent with some type of an inflammatory process, possibly rheumatoid arthritis or some other synovial arthropathy. There may be slight erosion along the lateral border of the base of the proximal phalanx. Septic arthritis is a possibility, although less likely, particularly in light of lack of significant bone destruction in the presence of the joint effusion, capsular thickening, and marrow edema." On 03/04/2013 Hand Surgeon [REDACTED] a Caviale sees the patient. He states that a left third finger x-ray was performed in his office on that date and showed, "a lesion on the radial base of the corner of the proximal phalanx, which looks traumatic. There is a bit of widening of the bone and what appears to be a healed fracture at the base of the proximal phalanx. He orders a rheumatoid panel "to rule out inflammatory arthritis." On 05/08/2013 a repeat Hand Surgeon office visit occurs. The rheumatoid factor is noted to be 177. He orders an EMG/Nerve conduction study to assess for possible carpal tunnel as she had a positive Phalens sign. On 06/19/2013 the EMG/Nerve conduction study is completed, and interpreted as normal. On 07/22/2013 her Hand surgeon releases her back into the care of her primary care physician, and recommends that a Rheumatologist see her as he feels that she likely has an inflammatory arthritis, such as rheumatoid arthritis. On 08/27/2013 she follows up with her primary care physician who prescribed Prednisone. On 09/12/2013 she follows up with her primary care physician and refers her to a Rheumatologist. On 11/18/2013 she is seen by a Rheumatologist who diagnosed probable underlying Rheumatoid Arthritis, left 3rd digit trigger finger, and possible carpal tunnel. He recommended a rheumatoid factor test with an anti-CCP test to confirm the Rheumatoid Arthritis diagnosis. He also recommended that once the diagnosis is confirmed that she be treated for her Rheumatoid Arthritis on a non-industrial basis. On 4/28/2014 she is evaluated by another Hand Surgeon ([REDACTED]) who requests a left hand MRI, and prescriptions for Tramadol and Motrin. On 05/22/2014 the left hand MRI and Tramadol and Motrin requests are all denied. On 6/19/2014 follow up visit with [REDACTED] who is still awaiting the appeal regarding the MRI, Tramadol, and Motrin scripts. On 7/10/2014 there is a repeat EMG/Nerve conduction study that is again within normal limits. On 7/17/2014 follow up visit with [REDACTED] who is still awaiting the appeal. On 08/13/2014 she was seen by a [REDACTED], a Neurologist, who performed a qualified medical evaluation. She also requested that an MRI of the left hand be performed along with x-rays if the bilateral hands and wrists and basic laboratory studies such as a CBC with differential, SED Rate, ANA, and Rheumatoid factor. This case was already reviewed on 10/7/2014 by a Utilization reviewer and bilateral x-rays of the hands and wrists, the following laboratory studies CBC with differential, SED Rate, ANA, and Rheumatoid factor were all deemed noncertified. The medical necessity of these studies is in dispute, and therefore an independent medical review has been requested. Interestingly however, on 10/7/2014 an MRI of the left hand and an MRI of the left wrist were completed. Findings were "compatible with synovial arthropathy throughout the wrist and involving the 2nd/3rd metacarpophalangeal and 4th proximal interphalangeal joints. No obvious tendon or ligament rupture. Mild secondary osteoarthritis. The radial half of the triangle fibrocartilage is thin with a moderate sized full thickness tear anteriorly. Very small scapholunate ligament with full thickness tear dorsally. No visible lumotriquetral ligament." Even more interesting is the fact that included in the provided documents are x-rays of both hands and wrists, also performed on 10/7/2014. I do not however see results of the requested laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Left Hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand complaints Page(s): 310-325.

Decision rationale: In accordance with MTUS Guidelines regarding forearm, wrist, and hand complaints, "if symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." This patient's hand and wrist pain was chronic, as has been detailed extensively above. She failed conservative approaches. A 10/2012 MRI did show a complex joint effusion, among other findings. Rheumatoid Arthritis was strongly suspected by several specialists involved in this patient's care, but this diagnosis was never confirmed. A posttraumatic injury related to her left hand trauma on 07/24/2012 was also considered to be in the differential. Likewise, further work up to finally clarify if this patient's left hand pain was secondary to an underlying autoimmune rheumatologic disorder versus an industrial related injury is considered medically necessary. Therefore, obtaining a left hand x-ray is considered medically necessary.

X-Ray Right Wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand complaints Page(s): 310-325.

Decision rationale: In accordance with MTUS Guidelines regarding forearm, wrist, and hand complaints, "if symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." This patient's hand and wrist pain was chronic, as has been detailed extensively above. She failed conservative approaches. A 10/2012 MRI did show a complex joint effusion, among other findings. Rheumatoid Arthritis was strongly suspected by several specialists involved in this patient's care, but this diagnosis was never confirmed. A posttraumatic injury related to her left hand trauma on 07/24/2012 was also considered to be in the differential. Likewise, further work up to finally clarify if this patient's left hand pain was secondary to an underlying autoimmune rheumatologic disorder versus an industrial related injury is considered medically necessary. Therefore, obtaining a right wrist x-ray is considered medically necessary.

X-Ray Left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand complaints Page(s): 310-325.

Decision rationale: In accordance with MTUS Guidelines regarding forearm, wrist, and hand complaints, "if symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." This patient's hand and wrist pain was chronic, as has been detailed extensively above. She failed conservative approaches. A 10/2012 MRI did show a complex joint effusion, among other findings. Rheumatoid Arthritis was strongly suspected by several specialists involved in this patient's care, but this diagnosis was never confirmed. A posttraumatic injury related to her left hand trauma on 07/24/2012 was also considered to be in the differential. Likewise, further work up to finally clarify if this patient's left hand pain was secondary to an underlying autoimmune rheumatologic disorder versus an industrial related injury is considered medically necessary. Therefore, obtaining a left wrist x-ray is considered medically necessary.

Blood test - CBC with Differential, Sed Rate, Rheumatoid Factor, Antinuclear Antibody Factor: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand complaints Page(s): 310-325.

Decision rationale: In accordance with MTUS Guidelines regarding forearm, wrist, and hand complaints, "if symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." This patient's hand and wrist pain was chronic, as has been detailed extensively above. She failed conservative approaches. A 10/2012 MRI did show a complex joint effusion, among other findings. Rheumatoid Arthritis was strongly suspected by several specialists involved in this patient's care, but this diagnosis was never confirmed. A posttraumatic injury related to her left hand trauma on 07/24/2012 was also considered to be in the differential. Likewise, further work up to finally clarify if this patient's left hand pain was secondary to an underlying autoimmune rheumatologic disorder versus an industrial related injury is considered medically necessary. Therefore, obtaining is CBC with differential, SED rate, ANA screen, and Rheumatoid Factor is considered medically necessary.

X-Ray Right hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, and Hand complaints Page(s): 310-325.

Decision rationale: In accordance with MTUS Guidelines regarding forearm, wrist, and hand complaints, "if symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination

suggest specific disorders." This patient's hand and wrist pain was chronic, as has been detailed extensively above. She failed conservative approaches. A 10/2012 MRI did show a complex joint effusion, among other findings. Rheumatoid Arthritis was strongly suspected by several specialists involved in this patient's care, but this diagnosis was never confirmed. A posttraumatic injury related to her left hand trauma on 07/24/2012 was also considered to be in the differential. Likewise, further work up to finally clarify if this patient's left hand pain was secondary to an underlying autoimmune rheumatologic disorder versus an industrial related injury is considered medically necessary. Therefore, obtaining a right hand x-ray is considered medically necessary.