

Case Number:	CM14-0180019		
Date Assigned:	11/04/2014	Date of Injury:	06/12/2011
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 35 year old male patient who sustained a work related injury on 6/2/11. Patient sustained the injury when a heavy object fell on his right hand. The current diagnoses include right hand crush injury, severe CRPS, post-traumatic stress disorder, traumatic amputation of digit of hand, and depression. Per the doctor's note dated 8/14/14, patient has complaints of neck pain and stiffness with numbness and tingling in the right arm at 9-10/10. Physical examination revealed normal ROM of neck, brace on with wrap with minor vasomotor changes on upper extremity, normal tone and reflexes. Per the psychiatric evaluation on 10/2/14 the patient was continued with conservative medical and psychiatric management. He remained off work and his pain and psychiatric medications were unchanged. On 6/24/14 psychiatric follow up, he was very nervous and anxious and had panic anxiety attacks, could not tolerate the light and wore dark glasses. The current medication lists include Nucynta ER, Lyrica, Prazosin, Seroquel XR, Cymbalta, Viagra, Relafen, Zofran, Clonazepam, Norco, Neurontin and Seroquel. The patient has had a right shoulder MRI on 8/5/11 that revealed mild degenerative changes, chronic appearing anterior labral tear with subjacent cartilage loss and osseous irregularity of the glenoid and had an X-ray of the wrist on 2/6/12 which was normal. The patient's surgical history includes amputation of fingers. He has had a urine drug toxicology report on 5/12/14. The patient has a brace for this injury. The patient has received an unspecified number of the physical therapy visits, acupuncture, aquatic and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder Magnetic resonance imaging (MRI)

Decision rationale: According to ACOEM guidelines cited below, "for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems; -Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Any of these indications that would require a right shoulder MRI were not specified in the records provided. ACOEM/MTUS guidelines do not address a repeat shoulder MRI. Hence ODG is used. Per ODG shoulder guidelines cited below, "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 right shoulder MRI on 8/5/11 that revealed mild degenerative changes, chronic appearing anterior labral tear with subjacent cartilage loss and osseous irregularity of the glenoid. Any significant changes in objective physical exam findings since the last MRI that would require a repeat MRI study were not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that were specified in the records provided. Patient has received an unspecified number of physical therapy visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The records submitted contain no accompanying current physical therapy evaluation for this patient. A recent right shoulder X-ray report is not specified in the records provided. The medical necessity of the request for MRI of the right shoulder is not fully established in this patient.

Referral to Orthopedic Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, independent medical evaluations and consultations

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has a history of amputation of the fingers. He has neck pain, stiffness and tingling and numbness in the hands. He has vasomotor changes in the upper extremities per the notes. He also has shoulder pain. He is on multiple medications. There are psychosocial factors present including anxiety and depression. This is a complex case. A referral to a specialist - orthopedic surgeon is deemed medically appropriate and necessary.

Replacement Brace Extension with Finger Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2012 (Wrist/hand)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Forearm, Wrist, and Hand Immobilization (treatment) Splints

Decision rationale: Per the ACOEM guidelines cited below "Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals." In addition per the cited guidelines, "Not recommended as a primary treatment for displaced fractures or sprains, but recommended for displaced fractures." The guidelines also state "Splint-Recommended for treating displaced fractures. Immobilization is standard for fracture healing although patient satisfaction is higher with splinting rather than casting." As per cited guidelines the brace is recommended for treating displaced fractures. Any recent radiological reports of the bilateral wrists were not specified in the records provided. Any evidence of the displaced fractures was not specified in the records provided. The patient has received an unspecified number of physical therapy visits for this injury. Response to this conservative therapy was not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Per the notes, the brace extension is being requested by the patient but is not being recommended by the physical therapist. In addition it is noted in the records that the patient's pain was relieved with medications. The medical necessity of the request for Replacement Brace Extension with Finger Brace is not fully established in this patient.