MAXIMUS Federal Services

| Case Number: | CM14-0023238 | | |
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| Date Assigned: | 05/14/2014 | Date of Injury: | 04/15/2013 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

## 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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine (HPM) and is licensed to practice in Pennsylvania. 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 23-year-old gentleman with a date of injury of 04/05/2013. The initial evaluation report by [redacted] dated 04/05/2013 identified the mechanism of injury as a crush injury when the worker's hand or arm became stuck in a machine. This report and the post-surgical physical therapy evaluation by [redacted] dated 04/23/2013 indicated the worker had a right closed forearm fracture confirmed by x-rays and was treated urgently with surgical repair (ORIF) followed by subsequent post-operative multi-modality physical therapy. An office visit note dated 01/27/2014 by [redacted] also indicated treatment with a prior fasciotomy but with no date or indication recorded; this may have been a misinterpretation of the scar related to the original ORIF. The submitted documentation did not describe any additional treatment. The initial orthopedic evaluation by [redacted] dated 12/16/2013 described the worker was experiencing constant pain in the right forearm, pain that radiated from the neck to the forearm and fingers, and a burning sensation. The recorded examination described tenderness at the right lateral epicondyle (part of the elbow), a ten inch forearm scar with keloid formation (specific skin thickening) that was tender to palpation, atrophy of the forearm muscles, wrist tenderness, a decreased range of wrist motion, a positive right Tinel sign, and a positive right Phalen sign. This report and his follow up visit note dated 01/27/2014 documented concerns for post-traumatic tendinitis (swelling of tendon(s)), mild lateral epicondylitis (swelling of part of the elbow), possible right wrist carpal tunnel syndrome, and keloid formation. No additional diagnostic testing or imaging reports were submitted. A Utilization Review decision by [redacted] was rendered on 02/05/2014 recommending non-certification for a MRI of the right forearm.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT FOREARM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

**Decision rationale:** The MTUS Guidelines are silent as to the issue of using MRI of the right forearm in this clinical setting. The ACOEM Guidelines strongly recommend the use of MRI with a concern for infection involving this area of the body and with a mildly strong recommendation for a concern of carpal tunnel syndrome. A MRI is not recommended for any other conditions involving forearm, wrist, and/or hand complaints. The Guidelines strongly encourage the use of diagnostic nerve conduction studies (NCV) for concerns of median or ulnar nerve impingement (compression) at the wrist only after the worker's symptoms and signs have not improved despite the use of conservative treatment. These Guidelines define conservative therapy for mild and moderate carpal tunnel syndrome as including acetaminophen, non-steroidal anti-inflammatory medications, instructions for home exercises, and splinting; they recommend injected steroids into the carpal tunnel only after failed treatment with splinting combined with appropriate medications. Early surgical intervention is recommended for severe carpal tunnel syndrome that is confirmed by NCS studies.The submitted documentation did not indicate or support a concern for infection. The documented examinations indicated the Tinel and Phalen signs were positive on the right. However, the ACOEM Guidelines indicate a positive Tinel sign has a sensitivity of only 42% and a specificity of only 67%; a positive Phalen sign has a sensitivity of only 55% and a specificity of only 45%. These guidelines strongly recommend examination utilizing a combined Katz hand diagram, Semmes-Weinstein test, Durkan's test, and evaluating the presence of night pain as part of the assessment when carpal tunnel syndrome is of clinical concern. If these tests are all positive, the Guidelines report a combined sensitivity of 96% and a combined specificity of 99%. The submitted records did not describe the findings of any of these tests. In addition, there was no submitted documentation of conservative treatment for carpal tunnel syndrome as described by the ACOEM Guidelines. In the absence of such documentation, the current request for a MRI of the right forearm is not medically necessary.