

Case Number:	CM14-0088650		
Date Assigned:	07/23/2014	Date of Injury:	02/08/2011
Decision Date:	09/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/12/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 47-year-old male who sustained a work related injury on 02/08/2011 as a result of a slip from a ladder injuring his left shoulder, elbow and hand in the process. Since then, he has had nearly continuous left shoulder, elbow, wrist and hand pain for which he has undergone physical therapy, cortisone injections (to the shoulder) and pain medications for treatment. He continues to express pain in these areas that are exacerbated with use (lifting, pushing, pulling, and reaching). His left shoulder has an appreciable decreased range of motion in all planes with tenderness of the posterior acromioclavicular joint anteriorly and posteriorly. The patient underwent a left shoulder arthroscopic acromioplasty and distal clavicle resection that was scheduled for 02/24/2014. In addition to the shoulder pain, the patient has difficulty with 5th finger weakness and tingling of his left hand to point of the patient desiring to undergo finger surgery. Many of the patients submitted PR-2's are illegible as they are hand written. A left shoulder MRI obtained on June 26, 2013 identifies a mild supraspinatus tendonitis and slightly low-lying acromion process. In dispute is a decision for magnetic resonance arthrogram left hand, high field magnetic resonance imaging (MRI) with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Arthrogram Left Hand, High Field Magnetic Resonance Imaging (MRI) with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment Index, 12th Edition (web), 2014, Forearm, Wrist and Hand MRI, Radiography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology Appropriateness Criteria, <http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/AcuteHandAndWristTrauma.pdf>.

Decision rationale: Wrist MRI with and without contrast: For most patients with trauma to the hand, wrist, or both, radiographs provide adequate diagnostic information and guidance for the treating physician. Thus, when initial radiographs are negative, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as additional radiographic projections, or it may include sonography, bone scintigraphy, computed tomography (CT), or magnetic resonance imaging (MRI). A standard 3-view radiographic examination will reveal most fractures and dislocations of the metacarpals and phalanges. An internally rotated oblique projection in addition to the standard externally rotated oblique may increase diagnostic confidence for phalangeal fractures. Unlike the case for the wrist, low-field MRI is less sensitive than radiographs for hand and finger fractures. Bearing in mind the ACR appropriateness criteria, I find that the request is not medically necessary as a reasonable suspicion of establishing a diagnosis requiring a MRI versus plain radiograph was not established.

Cyclo-Keto-Lido Cream 240 gm. times one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 111-112.

Decision rationale: Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Therefore, the request is not medically necessary.