

Case Number:	CM13-0034583		
Date Assigned:	12/11/2013	Date of Injury:	03/31/2012
Decision Date:	01/29/2015	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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:

The injured worker is a 34 year old male who was injured on 03/21/12 when he lost his balance and fell backwards while cutting a piece of plywood for flooring. As he let go of the Skil saw which was still operating, the blade caught the palm of his left hand. He was examined and had approximately ten sutures to his left hand laceration. He developed an infection at the site with blackening and fetid odor at the hand. He was unable to move his fingers due to pain. He eventually underwent therapy with paraffin clips for three months. He was terminated from his place of employment. Per the physician notes from 08/12/13, he complains of continuous sharp pain in the palm of the hand and fingers, with pain occasionally radiating to the elbow. Numbness and tingling affects the index finger and thumb continuously. He reports difficulty closing the hand fully due to pain and stiffness in the fingers. Diagnoses include status post saw laceration left thenar eminence with possible distal branch injuries to the median nerve to the thumb and possible motor branch injury to the median nerve and rule out chronic regional pain syndrome left hand. The physician recommended a MRI of the left wrist and hand. This request was denied by the Claims Administrator on 09/20/13 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT WRIST AND LEFT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Forearm, Wrist, & Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of status post saw laceration left thenar eminence with possible distal branch injuries to the median nerve to the thumb and possible motor branch injury to the median nerve and rule out chronic regional pain syndrome left hand. In addition, there is documentation of additional imaging (X-Ray of the left hand and wrist identifying osteopenia of the left thumb column) findings and failure of conservative treatments (paraffin clips therapy). However, despite documentation of subjective (continuous sharp pain in the palm of the hand and fingers, with pain occasionally radiating to the elbow and numbness and tingling affects the index finger and thumb continuously) and objective (thenar atrophy of the left thumb, inability to close the left hand fully, and diminished light touch in the left thumb along the volar aspect) findings and given documentation of medical reports' reported imaging (MRI of the wrist identifying normal studies) findings, there is no (clear) documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings). In addition, there is no documentation of failure of additional conservative treatment (physical therapy and medications). Therefore, based on guidelines and a review of the evidence, the request for MRI Left Wrist and Left Hand is not medically necessary.