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| Case Number: | CM14-0183987 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 04/03/2014 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 37 year old male with an injury date of 04/03/14. The patient is status post Microsurgical repair of the radial digital nerve at the DIP joint, Microsurgical repair of the ulnar digital nerve at the DIP joint, and Repair of Flexor Digitorum Profundus, as per operative report dated 04/11/14. Based on the treater's progress report dated 09/17/14, the patient complains of 8/10 stabbing and throbbing pain in the left hand along with stiffness, numbness and heaviness associated with lifting 10 pounds and prolonged or repetitive grasping, gripping, grabbing and squeezing. Physical examination of the left hand, as per progress report dated 09/09/14, reveals a surgical scar on the 4th distal digit along with hypersensitivity. The range of motion is restricted with flexion at 70 degrees and extension at 10 degrees. JAMAR grip strength results for the right hand were 46, 52, 50 kg and for the left hand 28, 26, 29 kg. Medications, as per progress report dated 09/17/14, include Omeprazole, Gabapentin, Ibuprofen, and topical compound cream containing Flurbiprofen and Gabapentin. The treater is also requesting for physical therapy, acupuncture, and ortho referral, as per progress report dated 09/09/14. The patient has received post-surgical occupational therapy, as per progress report dated 05/22/14. The patient has been allowed to return to modified work, as per progress report dated 09/09/14. MRI of the Left Hand, 08/27/14: Probable callus formation versus possibly foreign body within the skin ventral to the fifth. Nerve Conduction Studies, 08/31/14: - Prolonged left left ulnar nerve parameters as would be found in polyneuropathic abnormalities- Prolonged left ulnar nerve sensory nerve parameters, which are also consistent with a polyneuropathic process- Prolonged left ulnar nerve sensory nerve studies as would be found in early cubital tunnel syndrome Sudoscan, 08/12/14: Abnormal hands symmetry which is often linked to entrapment syndrome, axillary nerve dysfunction and radial nerve dysfunction Diagnosis, 09/17/14:- Left finger 4th digit injury The treater is requesting

for MRI OF THE LEFT HAND. The utilization review determination being challenged is dated 10/10/14. The rationale was "No significant pathology of the left hand is suspect." Treatment reports were provided from 04/11/14 - 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWCC 2014- MRI and indications for imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging)

Decision rationale: The patient is status post Microsurgical repair of the radial digital nerve at the DIP joint, Microsurgical repair of the ulnar digital nerve at the DIP joint, and Repair of Flexor Digitorum Profundus on 04/11/14, and is complaining of 8/10 pain, numbness and stiffness in the left hand, as per progress report dated 09/17/14. The request is for MRI of the left hand. None of the progress reports discuss the request. Request for Authorization form is missing and the utilization review letter does not distinguish the date of the request. ODG guidelines, chapter 'Forearm, Wrist, Hand (Acute & Chronic)' and title 'MRI's (Magnetic Resonance Imaging), state that "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." The criteria, according to the guidelines include (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease (6) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the review of the reports shows that the patient had an MRI of left hand on 8/27/14. It is unclear based on progress reports, lack of RFA, lack of discussion in UR whether or not the MRI obtained on 8/27/14 is in dispute or the treater is requesting another set of MRI. Given that none of the progress reports discuss the request for MRI, it is more likely that the request in dispute is the one performed on 8/27/14. Going on this assumption, the MRI obtained on 8/27/14 was appropriate and medically reasonable since the patient continued to be symptomatic following surgeries of the fingers and particularly the hand. The request for an MRI following the hand surgery, namely the one obtained on 8/27/14 is medically necessary.