

Case Number:	CM14-0187011		
Date Assigned:	12/03/2014	Date of Injury:	09/11/2013
Decision Date:	01/23/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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 38-year-old male with a 9/11/13 date of injury. The injury occurred when he was loading hay bales into a forklift and fell backwards off the truck to the ground, landing on his right wrist. According to a progress report dated 10/1/14, the patient was unable to use his right hand and wrist after his injury. He was taking minimal medications and had been presented with an option of possible surgery, which the outcome would be uncertain. He has already had 2 surgeries and completed 12 sessions of hand therapy. Without medications, his pain levels were 8/10, and with medications, it went down to a 4/10. He reported that Norco was helpful in managing his pain to be able to do activities of daily living. According to a supplemental report dated 10/9/14, the provider indicated that the patient has not undergone any right upper extremity diagnostic studies since December of 2013. According to a report dated 4/4/14, the patient had radiographs of the right wrist, which demonstrated widening of the scapholunate interval with a clear VISI deformity. Objective findings: range of motion of wrist was markedly decreased; sensation was intact, sensitivity over the right median nerve. Diagnostic impression: trans-scaphoid perilunate dislocation, right wrist - status post-surgical reconstruction, retained hardware, right wrist - status post removal on 12/19/13, scapholunate ligament instability, right wrist. Treatment to date includes medication management, activity modification, hand therapy, and surgeries. A Utilization Review decision dated 10/6/14 denied the requests for wrist x-ray, hand surgery consultation, MRI of the right wrist, EMG/NCS of the right upper extremity, and Norco. Regarding wrist x-ray, the patient underwent right wrist x-rays on 2 occasions in December 2013. There is no indication of any change in the patient's condition or any subsequent trauma since the prior x-ray study that would warrant a repeat study at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Hand, and Wrist Chapter - Radiography

Decision rationale: The California MTUS does not address this issue. According to the Official Disability Guidelines, radiography is recommended for acute hand or wrist trauma and chronic wrist pain, first study obtained in patients with chronic wrist pain with or without prior injury. For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in the present case, it is noted that this patient had a radiograph of the right wrist performed on 4/4/14. There is no documentation of acute trauma to the right wrist. There is no documentation of a significant change in the patient's condition to warrant the necessity for additional imaging in such a short period of time. Therefore, the request for x-ray of the right wrist is not medically necessary.

1 Hand Surgery Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page 127, 156; Official Disability Guidelines (ODG) Pain Chapter - Office Visits

Decision rationale: The California MTUS states that consultations are recommended, and a 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. However, in the present case, there is no documentation of red-flag findings to indicate that this patient is a surgical candidate. In addition, there is no documentation that he has failed conservative measures of treatment. Therefore, the request for 1 hand surgery consultation is not medically necessary.

MRI of the Right Wrist with Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. However, in the present case, there is no documentation that this patient has had an acute trauma to his right wrist or red-flag findings on physical examination. In addition, there is no documentation that he has failed conservative measures of treatment. Furthermore, there was no discussion or rationale as to how the MRI study would affect the treatment plan. Therefore, the request for MRI of the right wrist with contrast is not medically necessary.

EMG/NCS of the Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - EMG/NCS

Decision rationale: The California MTUS criteria for electromyography (EMG) and nerve conduction studies (NCS) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, in the present case, there is no documentation of bilateral upper extremity neurological issues. It is noted that sensation was intact on physical examination. In addition, there was no documentation that the patient has failed conservative therapy. Therefore, the request for EMG/NCS of the right upper extremity is not medically necessary.

1 Rx; Norco 5/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, it is noted that without medications, this patient's pain levels were 8/10, and with medications, it went down to a 4/10. In addition, he reported that Norco was helpful in managing his pain to be able to do activities of daily living. However, the quantity of medication is not noted in this request. Therefore, the request for 1 Rx; Norco 5/325mg, as submitted, is not medically necessary.

