

Case Number:	CM14-0195243		
Date Assigned:	12/02/2014	Date of Injury:	02/10/2014
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 51 year old male carpenter, while carrying lumber in his job as a carpenter, sustained injuries to his groin, pelvic, left wrist, thumb and cut to his right leg, on 2/10/14. His injuries were addressed one week after the accident. He has been off work since July 2014. As of 10/16/14 he continues to complain of pain in the groin and pelvis area that is aggravated with prolonged walking; pain, numbness and tingling persist in the left wrist and thumb area along with decreased strength and sensation. He currently takes Oxycodone but is willing to be managed without narcotics. On physical examination the range of motion of the left wrist is decreased by 10%, there is tenderness on palpation in the left dorsal aspect of the wrist and thumb with spasms and trigger points in the left wrist flexors. He has a positive Tinel's sign at the left wrist. The pelvis and groin area has some visible swelling and some tenderness with palpation. The diagnoses include left wrist, thumb strain, left pelvic/ groin pain, myofascial pain syndrome and a question of internal derangement of the left wrist, thumb and left groin and pelvic area. There are no radiographic studies for review. Activities of daily living and functional capacity are not addressed. The injured worker continues with self directed home exercise program. Requests for MRI of the left wrist, left hand, left pelvis and groin area, Naproxen, urine toxicology, hand surgery consults and acupuncture. Of note a urine drug screen was done 11/18/14 and was positive for Tricyclic anti-depressants. On 10/31/14 Utilization Review non-certified a request for urine drug screen. Determination was based on MTUS Chronic Pain Medical Treatment Guidelines. Left hand surgery consultation was non-certified based on lack of documentation that conservative care was implemented to manage the injured worker's left wrist/thumb pain. In addition there is no evidence of a special study demonstrating any lesion which would benefit from surgical intervention. Determination was based on ACOEM Guidelines. MRI of the left wrist and left thumb were not certified based on lack of

documentation of prior x-rays which were found to be normal and no indication that a soft tissue tumor or Kienbock's disease were suspected. The determination was based on ODG. The request for left pelvis MRI was non-certified based on lack of documentation of the injured worker failed other conservative treatment modalities. The determination was based on ODG. The request for acupuncture was non-certified based on the number of treatments requested (8) which exceeds the guidelines recommendation of 3-6 treatments. The determination was based on MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, one urine drug screen is not medically necessary. The guidelines recommend urine drug testing as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. See guidelines for additional details. In this case, the injured worker is 51 years old with a date of injury February 10, 2014. The injured worker's working diagnoses are left wrist strain; left thumb strain; question of internal derangement left wrist and left thumb; left pelvic/groin pain; question of internal derangement left groin and pelvic area; and myofascial pain syndrome. A review of the documentation documents the injured worker was taking Oxycodone. However, there were no red flags indicating the injured worker was at risk for drug misuse or abuse. There is no history of alcohol or drug abuse. The requested Urine Drug Screen is not medically necessary.

Hand Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (s) 258, 268-270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258, 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, Office Visits

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, hand surgery consultation is not medically necessary. An acute injury to the metacarpophalangeal joint of the

thumb, accompanied by tenderness on the older side of the joint and laxity when that joint distressed, may indicate a gamekeeper thumb or rupture of the ligament at that location. See ACOEM Chapter 11, page 258 for details. Referral for hand surgery consultation may be indicated in patients who have red flags of a serious nature, failed to respond to conservative management, etc. See ACOEM guidelines, Chapter 11 (forearm, wrist and hand complaints) page 268 - 269. In this case, the injured worker had a working diagnosis of left thumb strain; question of internal derangement left wrist and left thumb. A review of the documentation indicates the injured worker has not received conservative treatment to date, other than home exercises. There are no red flags detected on physical examination and no evidence of a special study demonstrating any lesion that would benefit from surgical intervention with hand surgeon. Consequently, absent the appropriate clinical indications, referral for Hand Surgeon Consultation is not medically necessary.

MRI of the left wrist and left thumb: 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), MRIs; 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, Wrist and Hand, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left wrist and left thumb are not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of a fractured despite normal radiographs. Additional indications are enumerated in the Official Disability Guidelines. Indications include, but are not limited to acute hand or wrist trauma suspected acute distal radial fracture, suspect acute scaphoid fracture, suspect gamekeeper injury; chronic wrist pain, suspect soft tissue tumor, suspect Keinbocks disease. In this case, the injured worker's working diagnoses were left thumb strain; and question of internal derangement left wrist and left thumb. The injured worker has not received conservative treatment such as physical therapy. There are no red flags on physical examination. There was no evidence in the medical record of prior plain x-rays of the wrist/thumb that were deemed to be normal. Consequently, absent the appropriate clinical indication and documentation, MRI left wrist and left thumb are not medically necessary.

MRI of the left pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 53, 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip and Pelvis Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left pelvis is not medically necessary. MRI is the most accepted form of imaging for avascular necrosis of the hip and osteonecrosis. See the guidelines for indications MRI imaging. In this case, the injured workers working diagnosis are left pelvic/groin pain; question of internal derangement left groin and pelvic area; and myofascial pain syndrome. A review of the clinical documentation indicates no conservative treatment modalities, other than medications offered to the injured worker. There were no plain x-rays in the medical record demonstrating bony, articular or soft tissue abnormalities. Consequently, absent the appropriate clinical indication and documentation, MRI of the left pelvis is not medically necessary.

Acupuncture; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, acupuncture eight sessions is not medically necessary. The official disability guidelines set the acupuncture guidelines. An initial trial of 3 to 4 visits over two weeks; evidence of reduced pain, medication use an objective functional improvement total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the injured workers working diagnoses are left wrist strain; left thumb strain; question of internal derangement left wrist and left thumb; left pelvic/groin pain; question of internal derangement left groin and pelvic area; and myofascial pain syndrome. The documentation is unclear as to what regional body part is to be treated with acupuncture. The recommended guidelines state an initial trial of 3 to 4 visits over two weeks is appropriate with documentation of objective functional improvement. Additional acupuncture may be appropriate at that time. The treating physician requested eight acupuncture sessions. This is in excess of the recommended guidelines. Consequently, based on the number of acupuncture sessions requested and documentation indicating what body parts are to be treated, eight sessions of Acupuncture are not medically necessary.