

Case Number:	CM14-0203898		
Date Assigned:	12/16/2014	Date of Injury:	10/05/2011
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 53 year old female sustained a work related injury on 10/05/2011. According to Utilization Review, the injury occurred as a result of pulling go from a freezer, hurting the finger. Diagnoses listed on a Request for Authorization dated 09/11/2014 included status post traumatic crush injury 3rd finger, bilateral wrist signs and symptoms rule out Carpal Tunnel Syndrome, bilateral hand signs and symptoms and anxiety. A Cardio-Respiratory Diagnostic report dated 09/11/2014 was submitted for review. According to a Sudo Motor Function Assessment dated 09/11/2014 the injured worker exhibited abnormal hand symmetry and is often linked to entrapment syndromes (carpal tunnel syndrome, ulnar nerve at elbow), auxiliary nerve dysfunction and radial nerve dysfunction. Asymmetry suggests the need for further ANS testing, Electromyography, Nerve Conduction Velocity studies, blood tests for nerve disorders and disease, neurological consult and/or potentially spinal tap. The injured worker exhibited intermediate conductance for the hands only, indicative of Small Fiber Neuropathy. A Functional Capacity Evaluation dated 09/30/2014 was also submitted for review. The Doctor's First Report of Injury dated 10/23/2014 was illegible. A Formal Pain Evaluation dated 11/01/2014 was submitted for review and rated the injured worker with a pain related impairment class of "Moderately Severe Impairment". Therapy notes were submitted for review and included one session dated 11/04/2014. An MRI Report dated 11/04/2014 was submitted for review and included an imaging report of the lumbar spine. On 11/13/2014, Utilization Review non-certified bilateral hand x-rays that was requested on 10/23/2014. According to the Utilization Review physician, there was lack of documentation of subjective complaints and

objective finding to discern if hand x-rays are appropriate at this time. The injury was to a single digit. There were no supporting guidelines. Decision was based on professional experience. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays bilateral hands: 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): 268.

Decision rationale: The MTUS ACOEM Guidelines state that for wrist, hand, or forearm complaints, special studies are not needed until after a 4-6 week period of conservative care and observation as most patients improve quickly, provided red flag conditions are ruled out. Exceptions include any blunt force or crush injury with point bony tenderness may warrant x-ray to rule out fracture. Also, cases of wrist injury with snuff box tenderness, but minimal other findings, a scaphoid fracture may be present and x-ray may be warranted, including repeat x-ray (or bone scan) a few weeks later, if worsening. In the case of this worker, although she had incurred an injury to her finger years prior, there was no evidence found in the documentation provided for review to suggest a repeat or separate injury to both hands. Without this evidence to support x-ray imaging of both hands, they will be considered medically unnecessary.