

Case Number:	CM15-0016530		
Date Assigned:	04/28/2015	Date of Injury:	10/16/2014
Decision Date:	05/22/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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: North Carolina

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:

The injured worker is a 65 year old male who sustained an industrial injury on 10/16/14. He has reported initial complaints of chest wall, left forehead contusions, and left fourth finger injury after being assaulted by a co-worker. The diagnoses have included left chest wall blunt trauma contusion, left fourth finger fracture status post open reduction internal fixation (ORIF) left fourth finger fracture, Treatment to date has included diagnostics, surgery, splinting, and home exercise program (HEP). The diagnostic testing that was performed included x-ray of left hand, Magnetic Resonance Imaging (MRI) of the left hand, Magnetic Resonance Imaging (MRI) of the right shoulder, cervical spine. Currently, as per the physician progress note dated 12/20/14, the injured worker complains of left ring finger fracture with laceration. He has undergone surgery for the fracture and he is also undergoing conservative treatments. He reports that he is improving and is able to make a half fist. Physical exam revealed left ring finger laceration has healed with scabbing noted. He has weak flexor tendon, he can make two-thirds of a full fist, he lacks 20 degrees of full extension and there was slight altered sensation of the finger tip. It was noted that he was being treated by a hand specialist. The physician requested treatments included Unknown MRI of the Left Hand and 1 EMG/NCV due to Bilateral Hand Weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown MRI of the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist or hand except in the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection. Therefore, criteria set forth by the ACOEM for wrist/hand MRI have not been met and the request is not certified. The request IS NOT medically necessary.

1 EMG/NCV due to Bilateral Hand Weakness: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: 1. Emergence of a red flag. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in a strengthening program intended to avoid surgery. 4. Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on

the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore, the request is not certified. The request IS NOT medically necessary.