

Case Number:	CM15-0182328		
Date Assigned:	09/23/2015	Date of Injury:	08/07/2012
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 32 year old female, who sustained an industrial injury on 08-07-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain, chest pain, left shoulder and arm pain, and headaches. Medical records (06-11-2015 to 08-18-2015) indicate ongoing left neck and shoulder pain, as well as left hand pain in the palm interface with swelling, discomfort and weakness, which was reported to be worse with use. The numbness was reported to occur more when there is swelling in the shoulder region. There was also reported pain in the face and jaw area, and headaches. Average pain levels (without medications) were 7-8 out of 10 on a visual analog scale (VAS). It was also reported that pain is worse with activities such as driving and limited chores. Per this PR, the IW has limited use and range of motion (ROM) of the left arm, and a weak grasp. There is noted difficulty with driving and turning of the head. Records also indicate no changes in activity levels or functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-18-2015, revealed swelling around the scalenus with tightness of the AC (acromioclavicular) joint, tenderness to the radial ulnar joint, "TOS difficult has to be done quickly mild decrease in hand sensation note", tenderness in the webspace between the metacarpal bones, and "the 3rd, 4th and 5th index and long finger were in the strapping". Relevant treatments have included physical therapy (PT), acupuncture, bracing, left shoulder injections with some improvement, trigger point injections, which helped with headaches, work restrictions, and pain medications. The treating physician indicates that x-rays of the shoulder were done (no date or findings noted), a MRI (no date) showed "RAS tendinitis, clavicle and

ligaments", MRI of the cervical spine (2013) showed straightening of the curve, "EDX report normal", and MRI of the brain (no date) for headaches was normal. The request for authorization (08-18-2015) shows that the following services were requested: referral to hand specialist, MRI of the left hand and wrist, and service dog. The original utilization review (08-27-2015) non-certified the request for referral to hand specialist based on the absence of specific clinical findings and diagnostic testing, and lack of evidence to support the need for possible surgery; MRI of the left hand and wrist based on the lack of other imaging and lack of clinical findings specific to the left hand; and service dog based on the lack of evidence to support the need for a service dog.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to hand specialist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has ongoing left neck and shoulder pain, as well as left hand pain in the palm interface with swelling, discomfort and weakness which was reported to be worse with use. The numbness was reported to occur more when there is swelling in the shoulder region. There was also reported pain in the face and jaw area, and headaches. Average pain levels (without medications) were 7-8 out of 10 on a visual analog scale (VAS). It was also reported that pain is worse with activities such as driving and limited chores. Per this PR, the IW has limited use and range of motion (ROM) of the left arm, and a weak grasp. There is noted difficulty with driving and turning of the head. Records also indicate no changes in activity levels or functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-18-2015, revealed swelling around the scalenus with tightness of the AC (acromioclavicular) joint, tenderness to the radial ulnar joint, "TOS difficult has to be done quickly mild decrease in hand sensation note", tenderness in the webspace between the metacarpal bones, and "the 3rd, 4th and 5th index and long finger were in the strapping". The treating physician has not documented evidence that the injured worker is currently a surgical candidate. The criteria noted above not having been met, Referral to hand specialist is not medically necessary.

MRI of the left hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic): MRIs (Magnetic Resonance Imaging) (2015).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI of the left hand/wrist is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Diagnostic Criteria, Pages 258-260; and Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), MRI (Magnetic Resonance Imaging) recommend imaging studies with documented red flag conditions after failed conservative treatments. The injured worker has ongoing left neck and shoulder pain, as well as left hand pain in the palm interface with swelling, discomfort and weakness which was reported to be worse with use. The numbness was reported to occur more when there is swelling in the shoulder region. There was also reported pain in the face and jaw area, and headaches. Average pain levels (without medications) were 7-8 out of 10 on a visual analog scale (VAS). It was also reported that pain is worse with activities such as driving and limited chores. Per this PR, the IW has limited use and range of motion (ROM) of the left arm, and a weak grasp. There is noted difficulty with driving and turning of the head. Records also indicate no changes in activity levels or functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-18-2015, revealed swelling around the scalenus with tightness of the AC (acromioclavicular) joint, tenderness to the radial ulnar joint, "TOS difficult has to be done quickly mild decrease in hand sensation note", tenderness in the webspace between the metacarpal bones, and "the 3rd, 4th and 5th index and long finger were in the strapping". The treating physician has not documented physical exam evidence indicative of unresolved red flag conditions nor notation that the imaging study results will substantially change the treatment plan. The criteria noted above not having been met, MRI of the left hand/wrist is not medically necessary.

Service dog: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occup Ther Int. 2012 Mar; 19(1):54-66. DOI: 10.1002/oti.323. Epub 2011 Aug 19. Winkle M1, Crowe TK, Hendrix I.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.servicedogsamerica.org/>.

Decision rationale: The requested Service dog is not medically necessary. CA MTUS and ODG are silent on this issue. <http://www.servicedogsamerica.org/> note that service dogs are utilized with individuals that have sufficient functional impairments in activities of daily living that cannot be remedied by other means and/or individuals. The injured worker has ongoing left neck and shoulder pain, as well as left hand pain in the palm interface with swelling, discomfort and weakness which was reported to be worse with use. The numbness was reported to occur more when there is swelling in the shoulder region. There was also reported pain in the face and jaw area, and headaches. Average pain levels (without medications) were 7-8 out of 10 on a visual analog scale (VAS). It was also reported that pain is worse with activities such as driving and limited chores. Per this PR, the IW has limited use and range of motion (ROM) of the left arm,

and a weak grasp. There is noted difficulty with driving and turning of the head. Records also indicate no changes in activity levels or functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-18-2015, revealed swelling around the scalenus with tightness of the AC (acromioclavicular) joint, tenderness to the radial ulnar joint, "TOS difficult has to be done quickly mild decrease in hand sensation note", tenderness in the webspace between the metacarpal bones, and "the 3rd, 4th and 5th index and long finger were in the strapping". The treating physician has not documented detailed description of the medical necessity for this request. The criteria noted above not having been met, Service dog is not medically necessary.