MAXIMUS Federal Services

Case Number:	CM15-0222339		
Date Assigned:	11/18/2015	Date of Injury:	11/12/2014
Decision Date:	12/24/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/12/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 59 year old male with a date of injury on 11-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for bulging lumbar disc, muscle spasm of back, chronic low back pain, injury of finger of left hand, lumbar facet arthropathy and urinary and fecal incontinence. According to the progress report dated 10-20-2015, the injured worker complained of low back pain. He reported worsening pain and being unable to tolerate physical therapy. He also reported sudden onset urgency of urine and stool. He also complained of finger problems in the distal, left, fourth finger. The physical exam (10-20-2015) of the left finger revealed poor strength and tone, swelling, pain and decreased range of motion. There was thoracic spine tenderness. Treatment has included physical therapy and medication. Current medications (10-20-2015) included Duloxetine, Hydrocodone-Acetaminophen, Naproxen and Tizanidine. The request for authorization was dated 10-21-2015. The original Utilization Review (UR) (10-27-2015) denied requests for magnetic resonance imaging (MRI) of the left fourth finger, finger stick glucose check and urinalysis dipstick.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left fourth finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging -Magnetic Resonance Imaging- MRI.

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

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the left fourth finger. The records document a physical exam with pain but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. The medical necessity of a left fourth finger MRI is not substantiated in the records.

Fingerstick glucose check: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Care, Finger-Stick Glucose Monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: Blood glucose self-monitoring in management of adults with diabetes mellitus.

Decision rationale: The worker is not diabetic per the records. Self-monitoring of blood glucose is critical in Type 1 diabetics who use insulin. The effectiveness of self monitoring of blood glucose to improve glycemic control in patients with type 2 diabetes who are not taking insulin is not clear and some studies have shown benefit and others not. There is no evidence to support an impact on quality of life or long-term diabetes complications. This injured worker is not taking insulin and does not have a history of diabetes. The medical necessity of a finger stick glucose check is not substantiated in the records.

Urinalysis dipstick: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes Care, Finger-Stick Glucose Monitoring.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: Urinalysis in the diagnosis of kidney disease.

Decision rationale: A complete urinalysis may be performed in individuals with suspected kidney disease or kidney stones. A complete urinalysis may also be used to clarify urine dipstick analyses findings in asymptomatic individuals who may have had the urine dipstick as part of a workup for another condition such as hypertension or diabetes. The records do not document any urinary symptoms or history of kidney disease or diabetes to substantiate the medical necessity of a urinalysis dipstick.