

Case Number:	CM14-0163744		
Date Assigned:	10/08/2014	Date of Injury:	05/31/2014
Decision Date:	11/07/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine & Rehabilitation, 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 patient sustained an injury on 5/31/14 from cutting meat while employed by [REDACTED]. Request(s) under consideration include MRI of the right forearm and right hand. Diagnoses include right forearm wound with laceration of FCR s/p exploration and repair on 6/11/14. Report of 6/6/14 from the provider noted the patient sustained injury in right forearm from cutting meat. Exam showed 8 cm laceration and pain with motion at wrist but without limitations on digit flexion; and no sensory deficits at hand. X-rays revealed no bony or ligamentous abnormalities. Diagnoses include right forearm wound with flexor carpi radialis tendon laceration s/p exploration and repair. Treatment for MRI to evaluate for tendon damage, Re-evaluation of 7/28/14 noted patient completed 3 sessions of therapy; still with throbbing pain consistent with forearm musculature deconditioning. Exam showed no evidence of infection; neurological intact distally with repair intact; there is diffusing tenderness throughout volar forearm. Treatment included continuing with anti-inflammatories and therapy. Report of 9/22/14 from the provider noted the patient with right forearm pain rated at 8/10 described as constant, burning sensation radiating to right hand with burning sensation, stiffness, locking in right second and third fingers. The patient is wearing a brace s/p surgery on 5/31/14 and 6/6/14. Exam showed tenderness of right periscapular musculature. Treatment included continued therapy with paraffin bath trial for right wrist/hand. Request for MRI of right forearm before surgery, the patient remained off work until 10/15/14. The request(s) for MRI of the right forearm and right hand was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right forearm and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Forearm, Wrist, & Hand Procedure Summary (last updated 8/8/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right forearm and right hand is not medically necessary and appropriate.