

Case Number:	CM15-0017212		
Date Assigned:	02/03/2015	Date of Injury:	05/30/2014
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on 5/30/14. He has reported pain in lower back and left hand after a fall. The diagnoses have included closed fracture of neck of metacarpal bones, sciatica and lumbago. Treatment to date has included acupuncture, physical therapy, left fourth trigger finger injection and oral medications. As of the PR2 dated 1/6/15, the injured worker reported weakness and numbness in the left fifth digit. The treating physician noted residual weakness and possible nerve damage in the 3rd, 4th and 5th left digits. The treating physician requested an EMG/NCV of the left upper extremity, MRI of the left hand and a second opinion with a hand surgeon. On 1/9/15 Utilization Review non-certified a request for an MRI of the left hand and a second opinion with a hand surgeon. The utilization review physician cited the MTUS and ACOEM guidelines chapter 11. On 1/20/15, the injured worker submitted an application for IMR for review of an EMG/NCV of the left upper extremity, MRI of the left hand and a second opinion with a hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, hand, wrist chapter; MRIs

Decision rationale: The MTUS, cited above, provides general recommendations for imaging of the hand and wrist. Imaging may be necessary for scaphoid fracture and thumb metacarpophalangeal (MCP) ligamentous injury. MRI is not recommended for most of the other common injuries; it is recommended for infection. The Official Disability Guidelines list the following indications for an MRI in the chronic setting: Chronic wrist pain, plain films normal, suspect soft tissue tumor Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. The treating physician has not described the conditions listed in the guidelines. A close reading of the treating physician's report casts doubt that he was actually requesting a new MRI of the hand, as it appears that he was requesting the records for the prior MRI, and suggesting the possibility of a more specialized MRI in the future, with thin cuts and a 3T magnet. Such a request was not made. The treating physician has stated that he has not reviewed the prior MRI but wishes to do so. The medical necessity for another MRI is lacking based on the lack of reviewing the last MRI, the apparent lack of a request for a new MRI in the records, and the lack of specific indications currently.

A second opinion with Hand Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: Per the cited guidelines, referral for hand surgery consultation may be indicated for patients who: "Have red flags of a serious nature, Fail to respond to conservative management, including worksite modifications, Have clear clinical and special study evidence of a lesion that has been shown to benefit, in the both the short and long term, from surgical intervention." The treating physician provided equivocal evidence for a surgical lesion and the specific reasons for the hand surgeon consultation. In the report of the treating physician, he mentions pain, stiffness, triggering, possible nerve injury, need to review the MRI, and a pending electrodiagnostic test. That test has been completed and showed a mild ulnar neuropathy which is possibly contributing to the current clinical picture, as the injured worker has some evidence for ulnar neuropathy. There is also triggering, which may require surgery. As a result, there may be a surgical lesion and a referral to a hand surgeon is a valid option. The Utilization Review is overturned as there is enough evidence for this referral to proceed, as per the cited guidelines.

