

Case Number:	CM15-0170290		
Date Assigned:	09/10/2015	Date of Injury:	03/27/2014
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 37-year-old who has filed a claim for chronic hand, thumb, and finger pain reportedly associated with an industrial injury of March 27, 2014. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve requests for MRI imaging of the thumb and a reevaluation/followup visit while approving electrodiagnostic testing of bilateral upper extremities. The claims administrator referenced an RFA form received on July 30, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On June 10, 2015, the applicant was placed off of work, on total temporary disability for four to six. The applicant had undergone an earlier thumb laceration and had developed a possible neuroma, it was suggested. Neurontin and Lidoderm patches were renewed and/or continued. On August 20, 2015, the applicant's hand surgeon acknowledged that the applicant was not working. MRI imaging of the thumb and electrodiagnostic testing of bilateral upper extremities were endorsed. The applicant was described as having thumb pain with movement, stiffness of the thumb, and difficulty gripping, grasping, and lifting. Weakness about the thumb was reported. The applicant apparently received a corticosteroid injection for reported stenosing tenosynovitis, it was suggested in one section of the note. The note was some eight pages long and was very difficult to follow. It was not clearly stated precisely what was suspected insofar as the thumb MRI was concerned. On August 6, 2015, it was stated that the applicant's primary operating diagnosis was stenosing tenosynovitis of the left thumb. The applicant was given a Kenalog injection of the thumb A1 pulley, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Thumb: Upheld

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

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

Decision rationale: No, the request for MRI imaging of the left thumb was not medically necessary, medically appropriate, or indicated here. The stated diagnoses here included stenosing tenosynovitis (AKA trigger finger/trigger thumb) and first dorsal compartment tendinitis (AKA de Quervain tendinitis). However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging a 0/4 in its ability to identify and define suspected de Quervain tendinitis and a 0/4 in its ability to identify and define suspected trigger fingers, i.e., the diagnoses reportedly present here. The attending provider's August 6, 2015 and August 20, 2015 progress notes failed to furnish a clear or compelling rationale for pursuit of MRI imaging for diagnoses for which MRI imaging scored poorly in its ability to identify and define, per the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269. Therefore, the request was not medically necessary.

Re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Conversely, the request for a reevaluation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant had a variety of hand, wrist, finger, and thumb issues, which were seemingly best-served through an orthopedic reevaluation. The applicant did receive a trigger thumb corticosteroid injection on August 6, 2015 and first dorsal compartment corticosteroid injection on August 20, 2015. Obtaining a reevaluation/follow-up visit with the applicant's hand surgeon was, thus, indicated on several levels, including treatment formulation purposes. Therefore, the request was medically necessary.