

<b>Case Number:</b>	CM15-0174690		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 44 year old female who sustained an industrial injury on April 21, 2014. The worker was employed as a machine operator. The accident was described as while working on a machine that cuts parts she was using a touch screen to operate the machine and it had indicated that the machine was stopping down and therefore put her left hand inside the machine to clean when her hand got stuck at which she felt her hand "explode". She was evaluated and treated with surgical repair of the left hand. Thereafter she underwent a course of occupational therapy and noticed left shoulder pains. The initial report of illness dated July 23, 2015 reported subjective complaint of severe left hand pain. The following diagnoses were applied: status post crush injury, left hand; status post- surgical repair, left hand; impingement left shoulder; rule out left sided brachial plexopathy. The plan of care noted undergoing a magnetic resonance imaging study of left hand and left shoulder; computerized tomography study of left hand; referral for hand orthopedist address both left hand and shoulder.

## 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute and Chronic), Indications for Imaging: MRI.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's (magnetic resonance imaging).

**Decision rationale:** The patient was injured on 04/21/14 and presents with severe left hand pain and left shoulder pain. The request is for a MRI of the left hand. The utilization review rationale is that "there is no documentation of rapid decline, suspicious of pernicious processes/ red flags or contemplation of a target or intervention requiring the advanced imaging or identification of a healing process or pathology requiring monitoring." The RFA is dated 07/27/15 and the patient is on modified work duty with restrictions of no heavy gripping and no lifting greater than 10 pounds. Review of the reports provided does not indicate if the patient had a MRI of the left hand after her left middle finger exploration, reconstruction of flexor A-2/A-3 pulleys with flexor digitorum superficialis tendon and left ring finger exploration with fluoroscopy, microscopic exploration of ulnar nerve and excision of neuroma (02/23/15). ACOEM Chapter 11, under Wrist, forearm, hand, page 268-269 for Special Studies and Diagnostic and Treatment Considerations state: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. ODG-TWC, under Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's (magnetic resonance imaging) states: "Indications for imaging - Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required, acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), chronic wrist pain, plain films normal, suspect soft tissue tumor, chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The patient is diagnosed with status post crush injury, left hand; status post- surgical repair, left hand; impingement left shoulder; rule out left sided brachial plexopathy. She has decreased sensation, no motion at the PIP joint of the ring finger nor the small finger, and pain along the ulnar trapezius area on the left side. The reason for the request is not provided. Review of the reports provided does not indicate if the patient had a prior MRI of the left hand. Given that the patient continues to have left hand pain and does not have a recent MRI of the left hand, the request appears reasonable. Therefore, the requested MRI of the left hand IS medically necessary.

### **MRI of the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The patient was injured on 04/21/14 and presents with severe left hand pain and left shoulder pain. The request is for a MRI of the left shoulder. The utilization review rationale is that "there is no documentation of rapid decline, suspicious of pernicious processes/ red flags or contemplation of a target or intervention requiring the advanced imaging or identification of a healing process or pathology requiring monitoring." The RFA is dated 07/27/15 and the patient is on modified work duty with restrictions of no heavy gripping and no lifting greater than 10 pounds. Review of the reports provided does not indicate if the patient had a prior MRI of the left shoulder. ODG Guidelines, Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging - Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient is diagnosed with status post crush injury, left hand; status post- surgical repair, left hand; impingement left shoulder; rule out left sided brachial plexopathy. There are no recent objective findings regarding the left shoulder provided. However, given that the patient is diagnosed with left shoulder impingement and does not have a prior MRI of the left shoulder, the request appears reasonable. The requested MRI of the left shoulder IS medically necessary.