

<b>Case Number:</b>	CM15-0093045		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 51 year old male who reported an industrial injury on 10/26/2009. His diagnoses, and/or impressions, are noted to include: a crush injury to the left hand involving the left middle and little fingers, status-post surgery (10/26/2009) x 2 - resulting in residual deformity; left upper extremity pain, most likely neuropathic versus referred pain from the left shoulder; left shoulder sprain/strain with impingement and possible referred pain from the left injured fingers; possible lumbar discogenic pain with possible bilateral lumbar facet pain, left > right, and possible lumbar tear; and bilateral knee sprain/strain, left > right. The history notes a previous industrial injury of the left eye, rule-out left eye foreign body, status-post an 8/1/2007 work injury noted to cause headaches. No current imaging studies are noted. His treatments have included occupational hand physical therapy; home exercise program; heat therapy; trans-cutaneous electrical nerve stimulation unit therapy; medication management and a modified work duty. The progress notes of 5/7/2015 noted complaints of constant left hand, middle finger and ring finger pain that radiated up into the elbow; and constant low back pain/spasms that radiated to both knees (from this industrial injury). He reports that his pain affects his sleep, intimacy, activities of daily living, emotions, his marriage, his work and his financial status; he also reported that his pain is aggravated by activity, and is improved by medications. The objective findings were noted to include the inability to sit/stand or drive due to pain; and lumbar muscle spasms. The physician's requests for treatments were noted to include an x-ray and magnetic resonance imaging studies of the left hand, an orthopedic consultation for the hand.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the left hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-273.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic) Chapter, Radiography.

**Decision rationale:** Based on the 5/7/15 progress report provided by the treating physician, this patient presents with left middle finger and ring finger pain radiating to the left elbow, low back pain radiating into bilateral knees, left eye pain, and headaches. The provider has asked for x-ray of the left hand on 5/7/15. The patient's diagnoses per request for authorization form dated 5/7/15 are crush injury left hand, left upper extremity pain, left shoulder sprain/strain with impingement, possible lumbar discogenic pain, rule out left eye foreign body status post work injury August 1 2007, and bilateral knee sprain/strain left more than right. The patient is s/p surgery x 2 left middle finger with residual 20 degree flexion deformity and left little finger with 25 degree flexion deformity from 10/26/09. The patient is s/p x-rays of left hand, left shoulder, lumbar spine, bilateral knees, and MRI of lumbar spine, left hand from March 2015. The patient is taking Anaprox, Prilosec, Flexeril, and Ultram as of 5/7/15 report. The patient has muscle spasms off and on in the low back, which are controlled by Flexeril per 5/7/15 report. A urine drug screen on 4/2/15 showed consistent results. The patient underwent 3 sessions of physical therapy beginning 3/17/15 and showed improvement as of 4/2/15 report. The patient was temporarily totally disabled until April 2014, found work with restrictions, but was laid off on 3/31/15. The patient was allowed temporarily totally disability until 5/15/15 as he couldn't find new modified work. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out." Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box -radial-dorsal wrist, 2. An acute injury to the meta-carpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. Official Disability Guidelines, chapter, Forearm, Wrist & Hand (Acute & Chronic), and topic Radiography, recommend x-rays "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. Thus, when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as an expanded series of special views or fluoroscopic spot films; or may include tomography, arthrography, bone scintigraphy, computed tomography (CT), or magnetic resonance (MR)

imaging." This appears to be a retrospective request, as patient underwent an x-ray of the left hand on 3/9/15 per progress report dated 5/7/15. There is no record of any left hand x-rays since the surgery in 2009, per review of reports. In this case, physical examination on 3/5/15 showed "left hand shows the patient has deformity involving left middle finger at middle interphalangeal joint. The patient has 25 degrees flexion deformity involving middle interphalangeal joint left middle finger left hand. The patient has surgical scar over middle interphalangeal joint dorsum aspect." Utilization review letter dated 5/7/15 denies request as there are no red flag diagnosis or failure of conservative care. Given the patient's ongoing symptoms more than 5 years after left hand surgery, however, an updated X- ray may be appropriate. Therefore, the request IS medically necessary.

**MRI of the left hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-273. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand (Acute & Chronic) chapter, MRI's (Magnetic Resonance Imaging).

**Decision rationale:** Based on the 5/7/15 progress report provided by the treating physician, this patient presents with left middle finger and ring finger pain radiating to the left elbow, low back pain radiating into bilateral knees, left eye pain, and headaches. The treater has asked for an MRI OF THE LEFT HAND on 5/7/15. The patient's diagnoses per request for authorization form dated 5/7/15 are crush injury left hand, left upper extremity pain, left shoulder sprain/strain with impingement, possible lumbar discogenic pain, rule out left eye foreign body status post work injury August 1 2007, and bilateral knee sprain/strain left more than right. The patient is s/p x-rays of left hand, left shoulder, lumbar spine, bilateral knees, and MRI of lumbar spine, left hand from March 2015. The patient is taking Anaprox, Prilosec, Flexeril, and ultram as of 5/7/15 report. The patient has muscle spasms off and on in the low back, which are controlled by flexeril per 5/7/15 report. A urine drug screen on 4/2/15 showed consistent results. The patient underwent 3 sessions of physical therapy beginning 3/17/15 and showed improvement as of 4/2/15 report. The patient was temporarily totally disabled until April 2014, found work with restrictions, but was laid off on 3/31/15. The patient was allowed temporarily total disability until 5/15/15 as he couldn't find new modified work. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title MRIs (Magnetic Resonance Imaging), state that "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." The criteria, according to the guidelines include (1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; (3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); (4) Chronic wrist pain, plain films normal, suspect soft tissue tumor; (5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; (6) Repeat MRI is not routinely

recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. This appears to be a retrospective request, as patient underwent an MRI of the left hand on 3/9/15 per progress report dated 5/7/15. Utilization review letter dated 5/7/15 denies request as there are no red flags or surgical intervention planned, or failure of conservative care. Review of medical records do not indicate the patient has had an MRI of the left hand since the left hand surgery in 2009. It has been more than 5 years since the surgery, with ongoing pain. Therefore, the request IS medically necessary.

**Orthopedic hand consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** Based on the 5/7/15 progress report provided by the treating physician, this patient presents with left middle finger and ring finger pain radiating to the left elbow, low back pain radiating into bilateral knees, left eye pain, and headaches. The treater has asked for ORTHOPEDIC HAND CONSULTATION on 5/7/15. The patient's diagnoses per request for authorization form dated 5/7/15 are crush injury left hand, left upper extremity pain, left shoulder sprain/strain with impingement, possible lumbar discogenic pain, rule out left eye foreign body status post work injury August 1 2007, and bilateral knee sprain/strain left more than right. The patient is s/p x-rays of left hand, left shoulder, lumbar spine, bilateral knees, and MRI of lumbar spine, left hand from March 2015. The patient is taking Anaprox, Prilosec, Flexeril, and ultram as of 5/7/15 report. The patient has muscle spasms off and on in the low back, which are controlled by flexeril per 5/7/15 report. A urine drug screen on 4/2/15 showed consistent results. The patient underwent 3 sessions of physical therapy beginning 3/17/15 and showed improvement as of 4/2/15 report. The patient was temporarily totally disabled until April 2014, found work with restrictions, but was laid off on 3/31/15. The patient was allowed temporarily total disability until 5/15/15 as he couldn't find new modified work. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient does suffer from ongoing pain in the left hand. No prior orthopedic consultation was found in patient's medical history. No x-ray or MRI reports were found in the provided documentation. The UR denial letter dated 5/7/15 states that no red flags or failure [of] conservative measures. Per ACOEM, expert advice from an orthopedician will benefit the patient and help manage the ongoing symptoms. Hence, request for orthopedic consultation from the primary care physician in progress report dated 5/7/15 appears reasonable. The request IS medically necessary.

