

<b>Case Number:</b>	CM13-0014726		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 38-year-old male who reported an injury on 06/19/2013. The mechanism of injury was not stated. Current diagnoses include strain of the hamstring muscles on the left and contusion of the right hand. The injured worker was evaluated on 08/21/2013. An x-ray of the hand on an unknown date indicated negative findings. The injured worker reported improvement in right hand symptoms with worsening of lower extremity pain. Physical examination revealed mild tenderness over the left hamstrings, decreased hip extension and knee flexion, significant soft tissue swelling over the 2nd and 3rd knuckles on the right, tenderness to palpation over the 2nd and 3rd knuckles, full range of motion, and negative varus/valgus testing. Treatment recommendations included an MRI of the hand and a follow-up with an orthopedic specialist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF RIGHT HAND:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Workers Compensation, 10th Edition, Treatment Index, Forearm, Wrist And Hand.

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

**Decision rationale:** Forearm, Wrist, and Hand Complaints/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the documentation submitted, there was no evidence of the emergence of any red flags upon physical examination. The injured worker reported an improvement in symptoms with regard to the right hand. X-rays obtained on an unknown date indicated negative findings. The medical necessity has not been established. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received and the ACOEM Practice Guidelines, the request is not, medically necessary and appropriate.