

Case Number:	CM13-0040011		
Date Assigned:	12/20/2013	Date of Injury:	09/10/2013
Decision Date:	03/26/2014	UR Denial Date:	10/05/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 44-year-old male who sustained an injury on 09/10/2013 when he tripped on some boxes and braced himself with his right hand. The documentation submitted for review indicated that the patient participated in a physical therapy program; however, the outcome of the program was not submitted for review. The patient was evaluated on 11/22/2013. Upon evaluation, the patient was noted to be improving slower than expected. The patient complained of mild sharp intermittent hand pain. Objective findings of the evaluation were noted as severe right hand strain, with no swelling, no tenderness, no ecchymosis, no erythema, no skin trauma, no crepitation, no triggering noted in the fingers, no deformity, no atrophy, no motor nerve dysfunction, no sensory changes to pinprick or light touch, full range of motion with pain, negative Phalen's, negative Allen's test, negative carpal compression test, negative Finkelstein's test, negative Tinel's sign, and no acute distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance (EG, Proton) imaging, any joint of the upper extremity, without contrast material(s): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Hand Chapter, Imaging Indications, MRI

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

Decision rationale: The documentation submitted for review indicated that the patient did not have objective abnormal findings upon physical examination other than pain with full range of motion. The MTUS/ACOEM Guidelines recommend the use of MRIs of the hand and wrist after a four to six (4 to 6) week period of conservative care and observation. The documentation submitted for review indicated that the patient had participated in physical therapy; however, the outcome of the physical therapy sessions was not submitted for review. Furthermore, as the patient did not have any significant deficits noted, the need for an MRI is unclear. It is additionally noted the request indicates imaging of any joint of the upper extremity without specification. Thus, clarification is needed as to which extremity the request is addressing. Given the information submitted for review, the request for magnetic resonance (e.g. proton) imaging, any joint of the upper extremity; without contrast materials is non-certified.