

Case Number:	CM13-0041188		
Date Assigned:	12/20/2013	Date of Injury:	12/05/2010
Decision Date:	02/20/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopaedic Surgery, and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 12/05/2010, after a trip and fall that caused injury to her right hand. Prior treatments included anti-inflammatory medications, immobilization, injection therapy, and surgical intervention. The patient underwent right thumb trigger finger release with tenosynovectomy, followed by postoperative occupational therapy. This failed to resolve the patient's symptoms. The patient's most recent clinical examination revealed limited range of motion throughout her entire right upper extremity with an inability to make a fist, and decreased grip on the right hand secondary to pain. The patient's diagnosis included status post right thumb trigger finger release with tenosynovectomy and residual flexor pollicis tendonitis versus postoperative adhesions with recurrent triggering in the right thumb. The patient's treatment plan included an MRI and consultation with a hand specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hand and thumb: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The requested MRI for the right hand and thumb is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has been recommended for consultation with a hand specialist due to failure to respond to surgical intervention and conservative management. American College of Occupational and Environmental Medicine recommends the use of MRI scans prior to examination by a qualified specialist as an option in treatment planning. As the patient's pain has failed to respond to surgical intervention and conservative measures, and the treating physician recommends consultation of a hand specialist, an MRI would be indicated. As such, the requested MRI of the right hand and thumb is medically necessary and appropriate.