

Case Number:	CM13-0053497		
Date Assigned:	12/30/2013	Date of Injury:	03/15/2012
Decision Date:	04/30/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 53 year old female who was injured on 03/15/2012. She sustained an injury to her right hand from repetitive movement and use of the computer and scanner at work. The prior treatment history has included x-rays, medications, and physical therapy for about 3 months. Diagnostic studies reviewed include MRI of the right finger without contrast performed on 12/14/2013 revealed a normal MRI of the right thumb and an X-ray of the right wrist, 2 views, was performed on 07/23/2013 is unremarkable. The electrodiagnostic of right upper extremity performed on 05/22/2013 revealed no abnormalities. The progress note dated 11/19/2013 indicated the patient continues with right wrist pain (most of the written notes are not legible). The progress note dated 10/22/2013 indicated the patient has complaints of continued numbness, right thumb and pinky traveling into the elbow. Objective findings on exam revealed she is tender to palpation. She has pain (most of the written notes are not legible). The patient is diagnosed with right wrist sprain/strain and DeQuervain's Tenosynovitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT THUMB TO RULE OUT TRIANGULAR FIBROCARILAGE COMPLEX (TFCC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE

PRACTICE GUIDELINES SECOND EDITION, SUMMARY OF RECOMMENDATIONS
AND EVIDENCE, 271-273

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation American College of Occupational and Environmental
Medicine (ACOEM), 2nd Edition, (2004), SPECIAL STUDIES AND DIAGNOSTIC , 268

Decision rationale: This is a request for MRI of the right thumb to rule out TFCC tear, yet a
right thumb MRI has already been performed. Further, the patient does not have symptoms or
signs consistent with TFCC in the available medical records. Medical necessity has not been
established.