MAXIMUS Federal Services

Case Number:	CM13-0065466		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2013
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Surgeon and is licensed to practice in Georgia and 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 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 reported an injury on 07/16/2013. The mechanism of injury was noted to be that the patient was cleaning a fitting room, and the pressure of the hangers started to hurt the patient's left hand and fingers. The patient was splinted and treated with ice and Naprosyn. The patient had an x-ray of the 2nd digit of the left hand, which revealed neither fracture nor dislocation. Joint space narrowing was identified in the 2nd metacarpophalangeal joint as well as the PIP and DIP joints. There was osteophytic spurring identified in the DIP joints. There were no erosive changes seen. The documentation on 08/08/2013 revealed that the patient had complaints of pain and swelling in the left finger and an inability to flex the left index finger. The physical examination revealed tenderness of the flexor sublimis and profundus of the index finger with swelling at the PIP level and some tenderness at the A1 pulley level. The patient had no flexion at the MP, PIP or DIP levels with a small mallet deformity at the distal phalanx. The patient had decreased Jamar dynamometer grip strength in the left hand. Subsequent documentation indicated that the patient was treated with opiates and that the physician encouraged physical methods, including exercise and improved range of motion with examples. The diagnosis was left index finger flexor tenosynovitis, stenosing type. The request was made for an authorization for an MRI of the left hand to assess the flexor tendons

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand, with focus on the second finger: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The Expert Reviewer's decision rationale: ACOEM Guidelines indicate that for most patients presenting with true hand and wrist complaints, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The patient had an x-ray of the hand focused on the 2nd digit which revealed osteophytic changes. The clinical documentation submitted for review indicated the patient had complaints of pain and had tenderness upon physical examination. There was documentation the patient had been treated with medications. However, there was a lack of documentation of the patient's prior therapeutic treatments and the patient's response to them. Given the above, and the lack of documentation, the request for an MRI of the left hand with a focus on the 2nd finger is not medically necessary