

Case Number:	CM14-0111528		
Date Assigned:	08/01/2014	Date of Injury:	07/05/2013
Decision Date:	10/07/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 54 year old male who sustained an injury to his left hand on 07/05/13 when he fell from a scaffold. The injured worker sustained a distal radius fracture, left wrist fracture, left humerus fracture, left shoulder fracture with elbow strain and upper back strain with closed head injury. Surgical intervention to repair the left mid-shaft humerus fracture was performed on 07/06/13, including intermedullary nailing. MRI of the left wrist dated 04/08/14 was unremarkable. Clinical note dated 05/12/14 reported that the injured worker continued to complain left hand pain at 7/10 on the visual analog pain scale, including pain with making a fist. The injured worker reported his wrist pain at 4/10 on the visual analog scale. Physical examination noted reflexes equal with sensation intact strength 2+/5 in the left upper extremity; wrist examination noted degree of limited motion with flexion/extension at 45 degrees; no instability, laxity, ecchymosis, inflammation, or surgical scars; grip strength left 6/8/6kg. The injured worker was placed on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left hand: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand chapter, MRI's (magnetic resonance imaging)

Decision rationale: Previous request was denied on the basis that there was nothing in the clinical evaluation that would indicate a specific reason for MRI of the left hand. The clinical information does not support imaging of the hand. The presence of pain is not indication for MRI. Clinical evaluation should provide an extensive evaluation of the wrist and hand that would support pathology for which MRI may be deemed medically reasonable. There are no clinical findings such as instability on x-ray, clinical evaluation that would support TFCC pathology, ischemic necrosis issues, or any other significant clinical issues for which MRI of the hand would be deemed medically reasonable. The patient underwent MRI of the right wrist on 04/08/14 that was unremarkable. It was unclear if this MRI included the left hand. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased motor strength, increased reflex, or sensory deficits in the left hand. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the left hand is not indicated as medically necessary.