

Case Number:	CM14-0117742		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2013
Decision Date:	09/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 40-year-old male who reported an injury on 07/08/2013. The mechanism of injury was noted to be an assault. His diagnosis was noted to be sprain/strain interphalangeal. He was noted to have diagnostic testing, including x-rays and an MRI. Prior therapy was noted to be physical therapy and medications. The subjective complaints were noted on a Primary Treating Physician's Progress Report on 07/10/2014. The injured worker had pain to his left thumb area. He stated the pain was constant and rated it 2/10, he noted pain can increase to 5/10 depending on his gripping and grasping. The objective findings noted some radial deviation of the left thumb, but with the metacarpophalangeal of the thumb straightforward or flexed, both thumbs passively radial deviate to 30 degrees with fixed endpoint. An x-ray of the left thumb results were normal, no deviation at rest of the metacarpophalangeal joint (MCP). The treatment plan is for a repeat MRI of the left thumb, and if it is normal, the injured worker may return to work full duty. The rationale for the request was noted within the treatment plan. A Request for Authorization form was provided and dated 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand Chapter 12th edition, 2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, MRI's (magnetic resonance imaging).

Decision rationale: The request for MRI left thumb is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine state an acute injury to the metacarpophalangeal joint of the thumb, accompanied by tenderness on the ulnar side of the joint, and laxity when that side of the joint is stressed (compared to the other side), may indicate a gamekeeper thumb or rupture of the ligament at the location. Radiographic films may show a fracture; stress views, if obtainable, may show laxity. The diagnosis may necessitate surgical repair of the ligament; therefore, a surgical referral is warranted. The Official Disability Guidelines note indications for imaging. Magnetic resonance imaging is recommended for acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). However, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The clinical information provided for review does not provide significant change in symptoms and/or findings suggestive of traumatic pathology. Therefore, the request for a repeat MRI left thumb is not medically necessary.