

Case Number:	CM14-0153449		
Date Assigned:	09/23/2014	Date of Injury:	07/27/2005
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/19/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of July 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for a thumb MRI. The claims administrator invoked a paraphrased section of the Chapter 11 ACOEM Guidelines in Table 11-6, page 269, which it mislabeled/misrepresented as a direct quotation. The applicant's attorney subsequently appealed. MRI imaging of the left hand without contrast of January 19, 2012 was reviewed and notable for moderate first MCP joint and first CMC joint osteoarthritis. Other degenerative changes were also appreciated. In a June 20, 2014 progress note, the applicant was described as having lots of problems of his left thumb. The applicant was having difficulty gripping and grasping objects and making a fist. Tenderness was appreciated at the base of the thumb. Norco was renewed. The attending provider stated that he wished to perform an MRI of the thumb to determine whether or not the applicant was a candidate for a thumb replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Thumb QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-7, page 272. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hand/Finger Osteoarthritis section.

Decision rationale: The attending provider has indicated that he intends to employ the MRI imaging in question to help determine whether or not the applicant has evidence of thumb arthritis. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that usage of MRI scans prior to evaluation by a qualified specialist is "optional," in this case, however, the applicant has had prior MRI imaging of the wrist and hand, referenced above, which did reveal evidence of advanced arthritis at the CMC joint, the applicant's primary focus of pain. It is unclear why repeat MRI imaging is being sought if the diagnosis in question, CMC joint osteoarthritis, has already been definitively established. Similarly, the Third Edition ACOEM Guidelines also note that x-rays are recommended to define objective evidence of the extent of hand osteoarthritis. Again, the attending provider has not outlined why the previous MRI is insufficient to establish the diagnosis in question and/or why x-rays cannot be employed to evaluate progression of hand osteoarthritis, as suggested by ACOEM. Therefore, the request is not medically necessary.