

<b>Case Number:</b>	CM14-0153587		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management 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 31-year-old male with a 07/12/11 date of injury. The patient fell onto the affected finger causing a hyperextension injury to the left index finger. Diagnoses were trigger finger, sprain and strain of the unspecified site of hand, and superficial injury of finger. 08/29/14 Progress report documented that the patient continued to have swelling and pain in the left index finger. The finger would ache with movement. The pain was accompanied by numbness. Clinically, there was decreased sensation of the volar skin overlying the left index finger. There was no crepitus or locking of the finger into flexion. Treatment plan included MRI of the left index finger to assess the surgical release of the A1 pulley and to rule out any scarring. A nerve conduction study was also recommended to assess the numbness. If these studies showed no ongoing pathology, the patient would be considered permanent and stationary. Treatment to date has included steroid injections and trigger finger release in November 2013 followed by therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LT index 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:** Medical necessity has not been established for MRI of the left index finger. CA MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. The patient has had chronic pain in the left index finger. MRI of the left index finger was recommended to assess the surgical release of the A1 pulley and to rule out any scarring; however, utility of additional imaging remains unclear. Clinically, flexor/extensor tendons and collateral ligaments were intact. The patient appears to have numbness, which may be attributed to median nerve pathology. NCV studies are pending. It remains unclear how additional imaging would change the course of treatment. Furthermore, there is no history of recent acute trauma or documentation of x-ray findings that would warrant an MRI of the left index finger. Recommend non-certification.