

Case Number:	CM14-0180067		
Date Assigned:	11/04/2014	Date of Injury:	01/24/2012
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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; has a subspecialty in Pain 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:

This is a patient with a date of injury of January 24, 2012. A utilization review determination dated October 16, 2014 recommends noncertification for an MRI of the right hand. Noncertification was recommended due to lack of documentation of significant objective change since the prior MRI. A progress report dated September 26, 2014 identifies subjective complaints of her right hand continuing to worsen. The note indicates that it has gotten progressively worse over the last 3 to 4 weeks. The pain is getting more frequent and occurring with simpler tasks. Physical examination findings reveal swelling and tenderness over the metacarpal head of her index digit with decreased grip strength due to pain. Diagnoses include right hand with no evidence of carpal tunnel syndrome on EMG, right-hand contusion with a small mass over the MCP joint, consistent with metacarpal head erosion and some inflammation, and left-hand ganglion cyst of the flexor tendon sheath. The treatment plan recommends starting Relafen and updating her MRI. The note states that she is not had an MRI in 2 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the right hand: 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): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand and Carpal Tunnel Syndrome Chapters

Decision rationale: Regarding the request for MRI of right hand without contrast, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbock's disease. Within the documentation available for review, it is unclear how the patient's subjective complaints and objective findings have changed since the most recent MRI. Additionally, it is unclear what was shown on the most recent MRI, and what conservative treatment has been attempted to address the patient's current complaints. Finally, it is unclear what medical decision-making will be based upon the outcome of the currently requested MRI. In the absence of clarity regarding those issues, the currently requested repeat MRI of the right hand is not medically necessary.