

<b>Case Number:</b>	CM14-0022785		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Minnesota. 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 63 year old female with reported injury of 02/25/2013. The mechanism was reported to be due to riding a golf cart and turning the wheel to left and her right wrist got caught in wheel pulling wrist forward. Reported X-ray of right hand at that time was normal. On exam on 04/14/2014 the injured worker complained of frequent, severe pain and burning on right hand between index and long finger radiating up the forearm and difficulty opening and closing her hand. She had an electromyography and nerve conduction study done on 04/04/2014 which revealed evidence consistent with chronic radial nerve injury. There was no evidence to support radiculopathy, plexopathy or peripheral polyneuropathy. Her finkelsteins test was negative. Her diagnoses were avulsion fracture of right second metacarpal head on the ulnar aspect associated with presumed post-traumatic arthritis of second metacarpo-phalangeal joint, possible left sixth rib fracture (which should be healed) and history of diabetes mellitus and hypertension controlled with medications. There is lack of documentation provided regarding pain management, home exercise program or physical therapy. The plan was to recommend a MRI to search for correct and underlying diagnosis. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI FOR RIGHT HAND:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Forearm, wrist, hand, MRI ( magnetic resonance imaging).

**Decision rationale:** The request for the MRI of right hand is certified. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines state that for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. The Official Disability Guidelines recommend that a person may benefit from an MRI when there is clinical suspicion of a fracture, despite normal radiographs. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. The injured worker has had ongoing right hand symptoms despite conservative care. In addition, x-rays of the right hand/wrist have been negative. The injured worker would benefit from an MRI of the right hand at this time to assess underlying pathology and make appropriate treatment recommendations. Therefore, the request for the MRI of right hand is certified.