

Case Number:	CM14-0042076		
Date Assigned:	06/20/2014	Date of Injury:	11/02/2007
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Nevada. 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 30 year old male who sustained an injury to his right hand on 11/02/07 while utilizing a forklift, a box weighing approximately 20 pounds fell from the second level of a rack towards his head; to prevent the box from hitting his head, he put his right hand up with fingers extended and the box fell directly onto his long finger. He stated that he experienced a cracking sensation followed by pain. The injured worker was taken to the emergency room where x-rays were obtained that revealed a fracture of the right long finger. He was given pain medication and placed in a splint. He subsequently underwent surgery with placement of a metal plate followed by six months of postoperative physical therapy. He returned to regular duty on 04/21/08 at which time his symptoms were aggravated. The injured worker subsequently quit working because he could no longer tolerate the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Forearm, Wrist & Hand (Acute & Chronic)/ Carpal Tunnel Syndrome.

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

Decision rationale: The request for magnetic resonance imaging (MRI) of the right hand/wrist is not medically necessary. The previous request was denied on the basis that the injured worker did not qualify for any of the criteria outlined by the guidelines. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the right hand/wrist is not indicated as medically necessary.

1 follow-up visit in 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Evaluation & Management, Out patient Visits; Forearm, wrist & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Forearm, wrist and hand chapter, Office visits.

Decision rationale: The request for one follow up visit in six weeks is not medically necessary. The previous request was denied on the basis that the magnetic resonance imaging (MRI) was not medically necessary. Given that the concurrent request for MRI of the right hand/wrist was not medically necessary, the request for follow up visit in 6 weeks is not indicated as medically necessary.