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| <b>Case Number:</b>   | CM14-0050299 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 10/29/2012 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 Physician 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 34-year-old male with a reported date of injury on 10/29/2012. The mechanism of injury was described as the injured worker's right hand was stuck between equipment. The clinical note dated 01/30/2014 reported that the injured worker complained of pain in his fingers with weak grip and burning sensations. The physical examination of the injured worker's right hand revealed tenderness to palpation. It was reported that the injured worker had a positive tendon sheath to the right hand. The injured worker's diagnoses included right hand crush injury. The provider requested an MRI of the right hand without contrast as an outpatient. The rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/17/2014. The injured worker's prior treatments included physical therapy; however, the number of sessions and dates of physical therapy were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the right hand without contrast as an outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pp. 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, MRI's (magnetic resonance imaging).

**Decision rationale:** The request for magnetic resonance imaging (MRI) of the right hand without contrast as an outpatient is not medically necessary. The injured worker complained of pain to the right hand. The treating physician's rationale for the MRI of the right hand was not provided within the clinical notes. The California MTUS/ACOEM guidelines recognize magnetic resonance imaging (MRI) is optional for all acute, sub-acute and chronic hand, wrist and forearm disorders. The Official Disability Guidelines' indications for imaging include acute hand or wrist trauma, suspect acute distal radius fracture; suspect acute scaphoid fracture; radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; or suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor; or equivocal, suspect Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of objective findings or physiological evidence indicating the specific nerve compromise according to the neurological examination to warrant imaging of the injured worker's right hand. The injured worker has had a previous x-ray to the right hand; the rationale for an MRI for the right hand was not provided within the clinical notes. The guidelines do not recommend repeat imaging without significant symptom changes. It was reported that the injured worker is currently working without restrictions and is able to perform his tasks, which does not affect his pain levels to his right hand. Given the information provided, there is insufficient evidence to determine appropriateness for an MRI of the right hand to warrant the medical necessity. As such, the request is not medically necessary.