

<b>Case Number:</b>	CM14-0054599		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Diagnostic Radiology, has a subspecialty in Neuroradiology 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, a 33-year-old male, had a work related hyper flexion dislocation of his right third metacarpophalangeal joint on 12/6/2013. On 12/7/2013 the x-ray of his right hand was reported as negative. On 1/13/2014 the patient complained of pain, occasional discoloration, cold feeling and numbness of his right 3rd finger. He was examined by an orthopedic surgeon. The physical exam, fluoroscan and ultrasound examination of the finger suggested laxity of the radial collateral ligament at the metacarpophalangeal (MCP) joint without disruption. The patient received steroid injection, a course of physical therapy and pain medication. On 3/14/2014 he reported no significant improvement. He was diagnosed with reflex sympathetic dystrophy. MRI examination of the right hand was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of 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, Chronic Pain Treatment Guidelines MUTS 9792.23.4 Page(s): 23, 35-37.

**Decision rationale:** In light of the patient's clinical history and latest physical examination, this patient has been diagnosed to suffer from Reflex Sympathetic Dystrophy (RSD). This diagnosis denotes Type I of the Complex Regional Pain Syndrome (CRPS) usually seen following a traumatic injury. This is a clinical diagnosis and its MRI findings are nonspecific. Apparently, the indications for the MRI and the action plan after possible abnormal findings are not noted in the request form. Based on the above noted guidelines, MRI of the Right Hand is not medically necessary.