

Case Number:	CM14-0072962		
Date Assigned:	07/16/2014	Date of Injury:	07/24/2012
Decision Date:	09/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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 Tennessee. 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 41 year old female with a 7/24/2012 date of injury. She was pulling on a bag of tomatoes when she hit the back of her left hand against the side of a machine. A progress reported dated 5/22/14 noted subjective complaints of 4/10 left hand pain which was achy in quality. Objective findings included restricted left hand ROM (range of motion) in all directions due to pain. Sensation was intact. There was tenderness of the palmar and dorsal hand with clicking. The provider argued that the left hand MRI was necessary to evaluate for ligamentous tear and internal derangement of left hand given the patient's continued pain since the date of injury despite conservative treatments including NSAIDs and 10 treatments of physical therapy. An x-ray on 7/27/2012 and a repeat on 9/21/12 were negative. The patient underwent left hand MRI on 10/23/12 demonstrating third MCP (metacarpophalangeal) changes with joint capsule thickening, complex joint effusion, bone marrow edema, and mild edema in the surrounding soft tissues consistent with some type of inflammatory process. Diagnostic Impression: Chronic left hand pain, left hand internal derangement, left hand neuropathic pain. Treatment to Date: Medication management, physical therapy. A UR decision dated 5/12/14 denied the request for MRI of the left hand. The records submitted failed to include documentation of suspected soft tissue tumor or suspected Kienbock's disease. They also failed to include documentation of a significant change or symptom and/or finding suggestive of significant pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist & Hand, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter.

Decision rationale: MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. ODG states that magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. However, the patient has an original date of injury 7/2012. She already had an MRI in 10/2012 demonstrating "third MCP (metacarpophalangeal) changes with joint capsule thickening, complex joint effusion, bone marrow edema, and mild edema in the surrounding soft tissues consistent with some type of inflammatory process." There is no documentation of any significant interval change or acute injury since the time of the initial MRI. There is no documentation of any other objective exam findings other than diminished range of motion and pain. It is unclear why the provider suspects a ligamentous tear or internal hand derangement. Therefore, the request for MRI of the left hand was not medically necessary.