

<b>Case Number:</b>	CM14-0073436		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in 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 36-year-old male who was reportedly injured on September 17, 2011. The mechanism of injury was noted as a crush injury type event. The most recent progress note dated April 17, 2013, indicated that there were ongoing complaints of right index and ring finger pains with decreased range of motion. The physical examination demonstrated mild swelling, well-healed surgical incisions, a triggering of the flexor retinaculum and a decrease in the interphalangeal and proximal interphalangeal joints range of motion. The neurovascular status was noted to be intact. Diagnostic imaging studies objectified a non-displaced middle phalanx fracture that was well healed. Previous treatment included surgical intervention, occupational therapy, physical therapy, modified work status and other pain management interventions. A request was made for magnetic resonance image of the right upper extremity and was not certified in the pre-authorization process on May 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Joint Upper Extremity without Dye:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) and on the Official Disability Guidelines (ODG): Pain chapter.

**Decision rationale:** There is no increase in symptomatology and the ongoing complaints of pain award a repeat magnetic resonance image. The physical examination does not indicate evidence of a cystic mass. Therefore, there is no clear clinical indication for a repeat magnetic resonance image based on the clinical data presented.