MAXIMUS Federal Services

Case Number:	CM14-0091004		
Date Assigned:	09/10/2014	Date of Injury:	09/04/2013
Decision Date:	10/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 is a 46 year old female with a reported work-related injury to her right thumb on 9/4/13. A medical report from 10/4/13 states the patient had subjective complaints of swelling and difficulty "with any forceful gripping." Physical exam findings included swelling, tenderness to palpation, and decreased range of motion. She was treated with pain medications and received physical therapy. The patient had an MRI of the right hand on 10/28/13 reporting "thickening and edema of the ulnar collateral ligament of the thumb...without evidence for a Stener's lesion." On 8/13/14, the patient had MRI of the right thumb which showed "ulnar...collateral ligament scarring and degeneration." No progression of symptoms or reinjury is reported in the provided medical record.

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 thumb: 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 and hand chapter

MAXIMUS 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) Forearm, Wrist, & Hand, MRI's

Decision rationale: The patient suffered a work-related injury to her right thumb and was treated with pain medications and physical therapy. No progression of symptoms or reinjury is documented in the provided medical record. An MRI of the right hand from 10/28/13 demonstrated no ligament tear to the thumb. This MRI of the hand is presumed to have been performed to evaluate the thumb (i.e. oriented to the anatomy of the thumb as opposed to the hand), and therefore no repeat MRI is warranted, as according to the ODG, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology."If the MRI of the hand was not oriented to properly evaluate the anatomy of the thumb, then a dedicated MRI of the thumb (as was performed on 8/13/14) is warranted (according to the ACOEM guidelines) in a case of "an acute injury to the metacarpophalangeal joint of the thumb, accompanied by tenderness on the ulnar side of the joint and laxity when that side of the joint is stressed (compared to the other side), may indicate a gamekeeper thumb or rupture of the ligament at that location."