

Case Number:	CM14-0185472		
Date Assigned:	12/01/2014	Date of Injury:	05/20/2009
Decision Date:	01/15/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Medicine 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:

This is a 58 year old female patient who sustained a work related injury on 5/20/2009. She sustained the injury due to a fall. The current diagnoses include s/p right thumb lysis of radial digital nerve with possible excision of neuroma. Per the doctor's note dated 8/19/14 patient had complaints of increased burning pain in the thumb in the area of the previous surgery. A physical examination revealed that the right thumb had a closed incision along the radial border of the metacarpophalangeal joint, hypersensitivity following the path of the radial digital nerve, improved mobility with the ability to oppose thumb to the base of the small finger and to extend the thumb and stable MP joint. The current medication lists includes Neurontin. The patient has had Thumb x-ray that revealed an element of arthritis involving the sesamoid and thumb metacarpal condyle with a spur along the inferior surface. Diagnostic imaging reports were not specified in the records provided. The patient has had right thumb surgery on 2011 and 2013. The patient's surgical history includes right thumb lysis of radial digital nerve w/ possible excision of neuroma on 7/8/14. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RT Thumb: 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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (updated 11/13/14) MRI's (magnetic resonance imaging)

Decision rationale: Per cited ACOEM guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders." ACOEM guidelines don't address this issue completely hence the ODG guidelines are used. Per cited guidelines, "Indications for imaging - Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture. Acute hand or wrist trauma, suspect acute scaphoid fracture... Chronic wrist pain, plain films normal, suspect soft tissue tumor..." The records provided did not specify any of the indications listed above. There was no evidence of significant wrist trauma, or evidence of distal radial fracture. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. A plan for an invasive procedure of the right thumb was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for MRI RT Thumb is not fully established in this patient. As such, the request is considered not medically necessary.