

Case Number:	CM14-0186579		
Date Assigned:	11/14/2014	Date of Injury:	01/24/2012
Decision Date:	01/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Interventional Spine 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 37 year old female with an injury date on 01/24/2012. Based on the 09/26/2014 progress report provided by the treating physician, the diagnoses are right hand: no evidence of carpal tunnel syndrome of EMG criteria; right hand contusion with a small mass over the metacarpophalangeal (MCP) joint, consistent with metacarpal head erosion and some inflammation; and left hand ganglion cyst of the flexor tendon sheath not related to the industrial injury. According to this report, the patient complains of pain at the right metacarpal head of the index finger that "continues to worsen." The patient states "This has gone progressively worse over the last three-to-four weeks... pain recurs are getting much more frequent and happening with much simpler tasks." Physical exam of the right hand reveals tenderness over the metacarpal head of the index finger. Some swelling is note over the area. Decrease grip strength is noted due to pain. There were no other significant findings noted on this report. The utilization review denied the request on 10/16/2014. The requesting provider provided treatment reports from 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of wrist: (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm)

Decision rationale: According to the 09/26/2014 report, this patient presents with pain at the right metacarpal head of the index finger that "continues to worsen." The current request is for MRI without contrast of the right hand, given that the patient "continued issues as well as significant swelling and tenderness." The utilization review denial letter states "There was no objective evidence of substantial deficits and/or findings suggestive of a hand pathology that would warrant a repeat MRI." Regarding MRI, the Official Disability Guidelines state "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the provider does not provide a discussion as to why the patient needs a repeat MRI when there is no significant change in findings suggestive of significant pathology. Previous MRI report was not included in the file for review. The request for a repeat MRI of the right hand without documentation of "suggestive of significant pathology" is not supported by the guidelines. Therefore, this request is not medically necessary.