

Case Number:	CM15-0004328		
Date Assigned:	01/15/2015	Date of Injury:	06/17/2014
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48 year old female, who sustained a work related injury on 6/17/14. She has reported injury from repetitive hand use at work. The diagnoses have included right thumb tendonitis and right thumb metacarpophalangeal joint pain. Treatment to date has included x-ray right hand, cortisone injection in right thumb, occasional use of Voltaren gel, physical therapy and acupuncture. In the PR-2 dated 12/22/14, the injured worker complains of chronic right thumb pain, swelling of right thumb and no real improvement in symptoms. She states activity makes pain worse. She rate the pain a 3-5/10. Range of motion is mildly restricted. Tenderness of thumb joint noted. On 12/31/14, Utilization Review non-certified a request for a MRI right thumb, noting the injured worker did not meet any of the indications listed for the need of an MRI. X-rays of right thumb were normal. The California MTUS Guidelines for Special Studies and Diagnostic AND Treatment, ACOEM Guidelines Forearm, Wrist and Hand Complaints, and ODEG Forearm, Wrist and Hand (updated 11/13/14) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Thumb: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269; 272.

Decision rationale: According to MTUS guidelines and in the chapter of Forearm, Wrist, and Hand Complaints, MRI is a sensitive imaging modality to identify infection. There is no clear evidence of thumb infection in this case. There is no strong evidence supporting the use of MRI in forearm and hand diseases. Therefore, the request for thumb MRI is not medically necessary.