MAXIMUS Federal Services

Case Number:	CM15-0005353		
Date Assigned:	02/25/2015	Date of Injury:	04/15/2014
Decision Date:	04/08/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39 year old woman sustained an industrial injury on 4/15/2013. The mechanism of injury was not detailed. Treatment included oral medications. Physician notes dated 12/5/2014 show a palpable mobile 5cm cyst in the volar aspect of the right thumb. Recommendations include an MRI of the thumb to further support the need for surgical intervention. On 12/10/2014, Utilization Review evaluated a prescription for MRI of the right thumb without arthrogram, that was submitted on 1/9/2015. The UR physician noted MRIs are recommended when consistent symptoms have persisted for more than one month or will substantially change the treatment plan, there is the emergence of a red flag, failure to progress in a treatment program, or evidence of significant tissue insult or neurological dysfunction. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right thumb without arthrogram: Overturned

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 & Hand (updated 11/13/14), MRIs (magnetic resonance imaging).

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 hands/wrists chapter, MRI.

Decision rationale: This patient presents with right thumb pain with palpable mobile cyst in the volar aspect, near the flexion crease. The request is for MRI Of Right Thumb Without Arthrogram. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations, "for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6-week period of conservative and observation". Given the patient's chronic condition, ODG Guidelines are consulted. For MRI of the hands/wrists, ODG Guidelines recommends magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. The Utilization review denied the request stating that there is no documentation of red flag diagnosis. The treating physician is recommending a right thumb surgery for cyst excision and trigger thumb release and requires an MRI for surgical planning. There is no indication of prior imaging of the thumb. An MRI to further support the need for surgical intervention IS medically necessary.