

Case Number:	CM15-0146742		
Date Assigned:	08/07/2015	Date of Injury:	06/22/2013
Decision Date:	09/04/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 60-year-old male who sustained an industrial injury on 06/22/2013. He reported pain while using a tightening apparatus for cargo. The injured worker was diagnosed as having pain in the right long finger. Treatment to date has included x-rays and pain medications. Currently, the injured worker complains of pain in his right long finger. The finger appears normal, but the worker states it hurts to have it touched and gets worse pain when extended. With extension of the finger, pain radiates into the bone and up the hand into the wrist, up the forearm almost to the elbow. On examination, the finger appears normal, but even lightly tapping the finger causes discomfort. With the hand flat on the table and lifting the middle finger, pain radiates the length of the finger through the metacarpal bone and then along the midline of the forearm musculature to within 2 inches of the elbow. There is no tenderness over either the lateral or the medial epicondyles. There is no pain or tenderness over the other digits. There is good hand strength and only minimal discomfort in fisting. The plan is for a MRI and an orthopedic referral. A request for authorization was made for: 1. MRI without Contrast Right Hand; 2. MRI without Contrast Right Forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI without contrast of the right hand is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseus ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnosis is pain of uncertain origin. The date of injury is June 22, 2013. The request for authorization is July 9, 2015. Documentation from a July 9, 2015 progress note subjectively states "my finger hurts to touch and it gets worse when I extend my finger and the pain that radiates into the bone of that finger and up into the hands and into my wrist and up my forearm almost to the elbow". The injured worker would like to get an MRI of the finger, hand and forearm since the x-ray was normal. Objectively, physical examination was entirely unremarkable. There is no clinical indication or rationale for requesting MRI of the right hand based on the clinical symptoms and physical findings enumerated above. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. There is no evidence indicating a high clinical suspicion of fracture. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI without contrast of the right hand is not medically necessary.

MRI without Contrast Right Forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI without contrast of the right forearm is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular

fibrocartilage and intraosseous ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnosis is pain of uncertain origin. The date of injury is June 22, 2013. The request for authorization is July 9, 2015. Documentation from a July 9, 2015 progress note subjectively states "my finger hurts to touch and it gets worse when I extend my finger and the pain that radiates into the bone of that finger and up into the hands and into my wrist and up my forearm almost to the elbow". The injured worker would like to get an MRI of the finger, hand and forearm since the x-ray was normal. Objectively, physical examination was entirely unremarkable. There is no clinical indication or rationale for requesting MRI of the right hand based on the clinical symptoms and physical findings enumerated above. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. There is no evidence indicating a high clinical suspicion of fracture. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI without contrast of the right forearm is not medically necessary.