

Case Number:	CM15-0148507		
Date Assigned:	08/11/2015	Date of Injury:	05/20/2015
Decision Date:	09/08/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/30/2015

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 is a 45 year old male who sustained an industrial injury on 5-20-15 when he fell injuring his right thumb, right ankle and laceration to right palm. He was medically evaluated, had x-rays of the right leg which were negative for fracture. He currently he has hand pain and right shoulder pain with a pain level of 7 out of 10. Medication was naproxen. Diagnoses include right ankle sprain; right thumb strain; right leg contusion; right finger contusion. Treatments to date include physical therapy; wrist brace with spica; medication. On 7- 6-15 the treating provider's plan of care included a request for an MRI of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Right Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, Table 11-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, MRI.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, MRI 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 diagnoses are right ankle sprain, right thumb deep hypothenar laceration. The date of injury is May 20, 2015. The request for authorization is June 6, 2015. The treating provider's first report indicates x-rays were performed of the right hand and were negative. The injured worker was scheduled to start physical therapy on June 30, 2015. There were five illegible progress notes throughout the medical record. There was no clinical indication or rationale contained in the medical record based on the illegible nature of the progress notes. Based on the clinical information in the record, peer-reviewed evidence-based guidelines and illegible progress note documentation, MRI of the right hand is not medically necessary.