

<b>Case Number:</b>	CM15-0149513		
<b>Date Assigned:</b>	08/17/2015	<b>Date of Injury:</b>	11/07/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

The injured worker is a 66 -year-old male who sustained an industrial injury on November 7, 2014 resulting in left thumb pain. Diagnoses have included thumb pain, Rapid Sequence Induction injury, and hand trauma. Documented treatment has included 12 physical therapy sessions, ice, work restrictions, home exercise, and Naprosyn, but he reports no improvement, presenting with left thumb pain, which he states "catches" and gets worse with repetitive grasping movements. The treating physician's plan of care includes MRI without contrast of the left thumb. Work status is with modifications.

### 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 left thumb:** Upheld

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

**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 (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI.

**Decision rationale:** The patient was injured on 11/07/14 and presents with left thumb pain. The request is for a MRI without contrast of the left thumb. The RFA is dated 06/18/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior MRI of the thumb. ACOEM Chapter 11, under Wrist, forearm, hand, and page 268-269 for Special Studies and Diagnostic and Treatment Considerations state: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. ODG-TWC, under Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's (magnetic resonance imaging) states: "Indications for imaging, Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The patient is diagnosed with thumb pain. The left thumb "catches," has tenderness to palpation, has crepitus, and gets worse with repetitive grasping movements. No additional recent objective findings are provided. There is no support from guidelines regarding an MRI for trigger finger. Therefore, the request is not medically necessary.