

Case Number:	CM15-0166458		
Date Assigned:	09/08/2015	Date of Injury:	09/03/2014
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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(n) 63 year old male, who sustained an industrial injury on 9-3-14. He reported a laceration to the left small finger. The injured worker was diagnosed as having status post left small finger surgery, stable with likely early tendon adhesions. Treatment to date has included left small finger surgery on 2-5-15, post-op physical therapy, left carpal tunnel release on 4-24-15 and an EMG-NCS on 8-22-14. As of the PR2 dated 5-7-15, the injured worker reports difficulty with left small finger flexion. The treating physician noted that the surgical wound is healing well with no signs of infection. The treating physician requested a left small finger MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left small finger: 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): 271-274.

Decision rationale: The ACOEM chapter on wrist complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. The patient does not have signs per the documented physical exam of either of these diagnoses. Therefore, criteria set forth by the ACOEM for wrist MRI have not been met and the request is not medically necessary.