

Case Number:	CM15-0194225		
Date Assigned:	10/08/2015	Date of Injury:	11/12/2014
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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 49-year-old female who sustained an industrial injury on 11-12-2014. Diagnosis is right thumb pain. No previous diagnostic tests are provided in the medical records. Documented treatment includes 5 sessions of hand physical therapy with noted 50 percent improvement, home exercise, and medication. On 9-14-2015 the injured worker presented with continued pain in her right hand and wrist, noted by the physician to have limited range of motion and an inability to make a fist. Right grip strength was 4+ out of 5; she had difficulty bending her right thumb; and, Finkelstein test was positive on the right but negative on the left. A previous note dated 6-22-2015 reported pain being 6-9 out of 10 "most of the time," and that she also was reporting numbness and tingling sensations in one finger. The treating physician's plan of care includes an MRI of the right wrist and hand "to rule out ongoing pathology" which was denied on 9-23-2015. She is on work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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, Hand Chapter, under MRI's.

Decision rationale: The patient presents with right wrist and hand pain. The request is for MRI of the right wrist. The request for authorization is dated 09/14/15. Physical examination reveals right grip strength was 4+/5. Minimal swelling of the right wrist. The patient does have difficult time with bending her right thumb. Finkelstein test was difficult to test. She had five sessions of hand therapy. She continues to do her home exercises diligently. Per progress report dated 09/14/15, the patient is released to modified work. ODG Guidelines, Forearm, Wrist, Hand Chapter, under MRI's (Magnetic Resonance Imaging) Section states, "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) Per progress report dated 09/14/15, treater's reason for the request is "to rule out any ongoing pathology." In this case, patient continues with right wrist and hand pain. Given the patient's symptoms and physical examination findings, ODG guidelines advocates the use of MRI imaging to perform a global examination. Review of provided medical records show no evidence of a prior MRI of the right wrist. This request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.