

Case Number:	CM15-0204436		
Date Assigned:	10/21/2015	Date of Injury:	05/08/2015
Decision Date:	12/08/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/19/2015

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: Colorado
 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:

This injured worker is a 56 year old male who reported an industrial injury on 5-8-2015. His diagnoses, and or impressions, were noted to include: left index laceration; left index fingertip amputation; open tuft fracture with laceration cleaning and repair; neuropathy index finger; and chronic left index finger pain. X-rays of the left hand were done on 5-8-2015; no imaging studies were noted. His treatments were noted to include: an Emergency Room visit on 5-8-2015; splint; specialist consultation-treatment; fluoro-scan; 6 post-operative occupational/hand therapy sessions (6-2015) with 8 more authorized, and even more requested; hot water soaks with a home exercise program; medication management; and modified work duties which were not accommodated and resulted in rest from work. The initial pain management progress notes of 9-22-2015 reported: continued, intermittent, dull pain, rated 8 out of 10, in his left index finger, associated with swelling, and aggravated by hand function, following accidental left index finger tip amputation, surgery and therapy; that his medications and therapy were helpful; and mild difficulty with sleeping. The objective findings were noted to include: tenderness and swelling of the left index finger with positive Tinel's and Phalen's tests, and decreased range-of-motion. The physician's requests for treatment were noted to include MRI. The Request for Authorization, dated 9-22-2015, was noted to include magnetic resonance imaging of the left hand for chronic left index finger pain and left index laceration. The Utilization Review of 10-10-2015 non-certified the request for: magnetic resonance imaging studies of the left upper extremity, without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not address the use of MRI, so the ACOEM has been consulted. For wrist and hand issues, the recommendation for or against MRI depends on the condition suspected. For carpal tunnel syndrome specifically, there is no recommendation for or against MRI for diagnosis confirmation. There is no quality evidence to support the use of MRI for carpal tunnel syndrome. For the patient of concern, the records indicate ongoing index finger pain and positive Tinel's and Phalen's, so it may be that the concern is carpal tunnel syndrome, though the records do not specify why an MRI is being ordered. If the treating physician is trying to rule out carpal tunnel syndrome, which is unclear, then there is insufficient evidence to support MRI for that purpose, and as there is no documentation of a change in symptoms that would warrant repeat MRI regardless, the request for MRI of the left hand is not medically indicated.