

Case Number:	CM15-0217374		
Date Assigned:	11/09/2015	Date of Injury:	01/24/2012
Decision Date:	12/28/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/04/2015

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, 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 38 year old female who sustained an industrial injury on January 24, 2012. The worker is being treated for: sprain of metacarpophalangeal joint of hand. Subjective: September 16, 2015 she reported worsening of right hand pain. She noticed constant and daily swelling; difficulty with gripping and grasping, even holding keys is painful due to pressure over the hand. She is frustrated. Objective: September 16, 2015 noted the right hand positive for visible swelling noted over the metacarpal head of the index finger with tenderness. There is pain with flexion of the index finger and is noted able to make a fist although this causes pain over this area. The impression noted: right hand without evidence of CTS per EMG criteria, right hand contusion with small mass over the MCP joint, consistent with head erosion and some inflammation, and left hand ganglion cyst of the flexor tendon sheath; nonindustrial injury. Diagnostic: no radiographic study performed. Medication: September 2015: Ibuprofen. Treatment: September 16, 2015 noted 2nd RFA for right hand MRI without contrast pending authorization; first denied. Continue icing hand, HEP and follow up. On October 05, 2015 a request was made for MRI right hand without contrast that was noncertified by Utilization Review on October 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right hand without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter.

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

Decision rationale: The request is for an MRI of the right hand. Since the date of injury in 2012, the patient has complained of recent worsening of hand pain and swelling. Results of any plain radiographs were not included with the request. In addition, specific orthopedic tests documenting the presence of hand pathology were not included in the most recent report of 9/16/2015. Finally, clarification of past imaging, including plain x-rays and MRIs is needed before further imaging can be considered. Therefore the request is not medically necessary or appropriate.