

Case Number:	CM15-0217755		
Date Assigned:	11/09/2015	Date of Injury:	08/22/2014
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/05/2015

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: Preventive Medicine, Occupational Medicine

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 55 year old male, who sustained an industrial injury on 8-22-14. The injured worker was being treated for left shoulder sprain-strain with tendinosis, partial thickness rotator cuff tear and bursitis, healing fracture of right first metacarpal post pin fixation, possible ulnar styloiditis of right wrist, tendinitis-tendinopathy of right hand, lumbar spine sprain-strain and lumbosacral radiculopathy. On 3-24-15 and 9-22-15, the injured worker complains of ongoing pain, stiffness and weakness to left shoulder, increasing pain to right hand and continued pain and stiffness to low back radiating to his legs. Physical exam performed on 9-22-15 was unchanged from previous exam; the most recent previous exam submitted for review was dated 3-24-15 which noted tenderness to palpation over anterolateral and posterosuperior aspects, positive impingement sign and limited range of motion of left shoulder. CT of right wrist performed on 3-23-15 revealed heavy vascular calcification, otherwise unremarkable. Treatment to date has included closed reduction, internal fixation of first metacarpal, hand therapy (with no benefit) and activity modifications. The treatment plan included MRI of right hand. On 10-20-15 request for MRI of right hand was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right hand: Overturned

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines support MRI imaging if evaluation by the appropriate specialist deems it appropriate due to persistent symptoms and there is a need to rule out occult fractures and/or ligament injury. ODG Guidelines also support MRI studies if there are persistent symptoms and a need to rule out diagnoses that are not well defined by other means i.e. x-rays or CT scan. This individual and requesting physician meets these Guideline criteria. The request for the MRI of the right hand is medically necessary under these circumstances.