

<b>Case Number:</b>	CM15-0032468		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51-year-old male, who sustained an industrial injury on 9/30/2014. The diagnoses have included crush injury of hand. Treatment to date has included conservative treatment. Currently, the injured worker complains of left hand pain. Physical exam revealed no evidence of reflex sympathetic dystrophy or Volkmann's contracture. Range of motion at the wrist was 70 degrees of flexion and extension. Metacarpophalangeal joints in the index, middle, ring, and little finger had 90 degrees of flexion and full extension. A normal sensory exam was noted. Diagnostic studies of the left hand were referenced (PR2 report 1/07/2015) to show no evidence of fracture. Magnetic resonance imaging of the left hand was requested. Magnetic resonance imaging of the left upper extremity, dated 10/09/2014, showed no evidence of fracture, tendon, or ligament tear. On 1/23/2015, Utilization Review non-certified a request for left hand magnetic resonance imaging, noting the lack of compliance with ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Left Hand:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, and hand, MRI.

**Decision rationale:** The attached medical record indicates that the injured employee has had a previous MRI of the upper extremity on October 8, 2014. This study revealed a fluid collection and a superficial hematoma of the wrist and hand and no other significant findings. The most recent physical examination or longer notes any findings of edema of the hand. Considering that there has been a previous MRI of the hand in the injured employee has shown improvement since that date, this request for a repeat MRI of the left-hand is not medically necessary.