

Case Number:	CM15-0034908		
Date Assigned:	04/21/2015	Date of Injury:	06/07/2009
Decision Date:	05/20/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/24/2015

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: Emergency 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 43 year old male, who sustained an industrial injury on 6/07/2009. Diagnoses include tenosynovitis wrist, pain in soft tissues of limb, unspecified internal derangement of knee and hand degenerative joint disease. Treatment to date has included multiple surgical interventions, diagnostics and medications. Per the Supplemental Pain Management Progress Report dated 1/14/2015, the injured worker reported right leg, left hand and left wrist pain. He reports the left hand being so painful he cannot open the clamp on his phone holster and he continues to get cramps and pain in his knee. Physical examination revealed moderate left wrist tenderness and right parapatellar tenderness. The plan of care included diagnostic imaging and authorization was requested for magnetic resonance imaging (MRI) of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hand MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: The patient has a complex history including multiple treatment modalities with repeated surgical intervention but no recent improvement in function or pain is noted. On physical exam, it is noted that he has grossly normal motor strength. Plain films as well as ultrasonography have been performed. The MTUS guidelines do not support routine use of radiography other than plain films and possibly a bone scan for a suspected fracture in forearm, wrist, or hand complaints. The documentation does not adequately explain the need and potential change in management offered if an MRI is performed.