

Case Number:	CM15-0047255		
Date Assigned:	03/20/2015	Date of Injury:	11/22/2014
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38 year old female, who sustained an industrial injury on 11/22/2014. According to the only progress report submitted for review and dated 01/30/2015, the injured worker was diagnosed as having right hand contusion, right hand sprain/strain, right upper extremity neuropathy and mild carpal tunnel syndrome per Nerve Velocity Conduction studies on 12/15/2014. Treatment to date has included physiotherapy, MRI, nerve study, topical creams, and acupuncture. Currently, the injured worker complains of pain radiating from the shoulder down to the hand and pain in the shoulder, elbow, and hand and on the right side of her right foot. On 12/27/2014 MRI of the right hand revealed first metacarpophalangeal joint effusion and no other significant abnormalities. The treatment plan included continuance of chiropractic treatment including supervised physiotherapy, continuance of acupuncture, refill Gabapentin, refill topical creams, request TENS unit and Hot and Cold pack/wrap or thermal combo unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right hand: Upheld

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

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, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant had sustained a work-related injury in November 2014 and an MRI of the hand was done on 12/17/14. Other testing referenced is NCV/ EMG testing showing findings of mild carpal tunnel syndrome. Applicable criteria for obtaining an MRI of the hand include acute trauma with suspected distal radius fracture and normal plain film x-rays, acute trauma with suspected scaphoid fracture and normal plain film x-rays, and acute trauma with suspected thumb metacarpal phalangeal ulnar collateral ligament injury. Indications in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbck's disease with normal plain film x-rays. In this case, none of these criteria is met and therefore the requested MRI was not medically necessary.