

<b>Case Number:</b>	CM15-0052040		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Maryland, Virginia, North Carolina  
Certification(s)/Specialty: Plastic Surgery

### 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 29 year old male who sustained an industrial injury on 06/03/2014. Current diagnosis includes closed dislocation of interphalangeal (joint), hand. Previous treatments included medication management, splinting, and surgery. Previous diagnostics included x-rays. Initial complaint included dislocation of the left 5th finger. Report dated 01/27/2015 noted that the injured worker presented with complaints that included deformity of the left pinky, the remainder of the subjective complaints were not legible due to handwriting. Pain level was rated as 4-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included MRI of the left hand and surgery consult. Disputed treatment includes an MRI of the left hand. Of note much of this report was not legible due to handwriting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Left Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-286.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6, page 269.

**Decision rationale:** The patient is a 29 year old male with a history of operative reduction and repair of a volar plate injury of the left small finger. Following this surgery the patient underwent physical therapy, but was documented to have a resulting flexion deformity that required a surgical consult or surgery. The provided documentation was poorly legible. An MRI was requested of the left hand. It is unclear from the documentation as to the reasoning for this. There is insufficient documentation to warrant this. Therefore, MRI of the left hand should not be considered medically necessary. From ACOEM, Table 11-6, ' Ability of Various Techniques to Identify and Define Forearm, Wrist, and Hand Pathology', page 269, the ability of MRI to detect various conditions is limited except with respect for infection. However, this is not the case for internal derangement of the carpus. As the medical documentation is not sufficient to explain the reasoning for an MRI evaluation, is not medically necessary.