

Case Number:	CM15-0058402		
Date Assigned:	04/03/2015	Date of Injury:	05/12/2014
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, New York, 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 applicant is a represented 40-year-old who has filed a claim for chronic hand pain reportedly associated with an industrial injury of May 12, 2014. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for MRI imaging of the hand. A December 30, 2014 progress note and associated RFA form were seemingly referenced in the determination. The applicant's attorney subsequently appealed. In a work status report dated September 3, 2014, the applicant was placed off of work, on total temporary disability, for 45 days. Complaints of finger pain secondary to finger arthritis and left upper extremity paresthesias were reported at this point. On October 15, 2015, the applicant reported ongoing complaints of hand, wrist, and index finger pain. X-rays of the hand were reportedly negative, the treating provider reported. The applicant reported weakness about the index finger. Visible deformation of the second IP joint was evident with associated arthrofibrosis. The applicant was placed off of work, on total temporary disability. MRI imaging of the finger and electrodiagnostic testing of the left upper extremity were endorsed. The attending provider stated that the MRI imaging at hand was needed, with emphasis on the index finger. On December 30, 2014, the attending provider again stated that the applicant had issues with difficulty gripping and grasping involving the index finger. The applicant was given a presumptive diagnosis of left index finger arthrofibrosis. MRI imaging of the hand was again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Yes, the request for MRI imaging of the hand was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272, usage of MRI imaging of the forearm, wrist, and hand is deemed "optional" prior to history and physical examination by a qualified specialist. Here, the applicant apparently had issues with visible deformation of the index finger and associated index finger stiffness. Earlier plain film imaging of the hand was negative. Obtaining MRI imaging of the hand, was, thus, indicated to determine the source of the applicant's finger complaints, which could have stemmed from some ligamentous or tendinous pathology, such as a sagittal band injury. MRI imaging to determine the extent of the same was indicated, given the duration of the applicant's symptoms. Therefore, the request was medically necessary.