

Case Number:	CM14-0124721		
Date Assigned:	08/11/2014	Date of Injury:	09/24/2012
Decision Date:	09/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55 year old female whose date of injury is 09/24/12. The mechanism of injury is not provided, but progress report dated 03/31/14 indicates that the injured worker presents with complaints of right hand pain and reports worsening triggering of the third and fourth digits. Examination of the right hand noted tenderness over the A1 pulley third and fourth digits; full range of motion of the digits. Norco was dispensed for nighttime use only. The injured worker was seen in follow-up on 06/30/14 and reports increased symptoms since last visit. Objective findings noted triggering of the middle and ring fingers; positive right Phalen's; positive right Durkan's median compression test; diminished light touch in the right index, middle and ring fingers. The injured worker was to continue taking Motrin 800mg 3 times a day. Multiple diagnostic/imaging studies were requested including MRI of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Hand: Upheld

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

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

Decision rationale: ACOEM provides that for most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Table 11-6 reflects that MRI has little if any ability to identify trigger finger and/or carpal tunnel syndrome. The clinical data presented does not provide a specific rationale regarding the need for MRI of the right hand. There is no comprehensive history of treatment to date including any occupational therapy or corticosteroid injections in the trigger fingers. Based on the clinical information provided, the request for MRI of the right hand is not recommended as medically necessary.