

Case Number:	CM14-0125095		
Date Assigned:	09/24/2014	Date of Injury:	05/22/2012
Decision Date:	10/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

48 year old female claimant with an industrial injury dated 05/22/95. The patient is status post ring finger surgery. Exam note 07/01/14 states the patient returns with left hand pain. The patient states that the pain contractions are getting tighter and increasingly uncomfortable. She had the most difficulty separating her fourth and fifth digit on the left hand. Upon physical exam the patient demonstrated a fixed contraction at the MP and IP joints of the left and fourth digit; in addition to tenderness to palpation. Upon the lumbar spine there is tenderness along with tricompartmental tenderness of the left knee. The patient was diagnosed with bilateral shoulder internal derangement, right elbow lateral epicondylitis, contracture left hand, lumbar strain, and internal derangement of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition) - Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI wrist

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 269, states that wrist/hand imaging may be appropriate imaging studies to clarify the diagnosis and may be warranted if the medical history and physical examination suggest specific disorders. Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to eval for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to eval for Kienbocks's disease. In this case there are no red flag indications from the exam note from 7/1/14 for MRI and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition no plain radiograph findings are documented in this case. Therefore the request is not medically necessary.