

Case Number:	CM14-0125711		
Date Assigned:	08/11/2014	Date of Injury:	08/27/2005
Decision Date:	10/17/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 47-year-old female with an 8/27/05 date of injury. At the time (7/16/14) of request for authorization for MRI of the left hand, there is documentation of subjective (neck pain, back pain radiating to both legs, and tingling/sensitivity to 4th and 5th digits of left hand) and objective (tenderness to palpation over metacarpophalangeal joint of thumb and thenar eminence of left hand and positive Finkelstein's test) findings. The current diagnoses are low back pain, carpal tunnel syndrome, cervical facet syndrome, cervical radiculopathy, shoulder pain, and lumbar facet syndrome. The treatment to date includes medications and epidural injection. Medical report identifies a request for MRI for increased burning pain in the 4th and 5th digits of left hand. There is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a MRI is indicated. This includes tumors, benign, malignant, metastatic; infection or inflammatory conditions; fracture or trauma evaluation when adequate diagnostic evaluation is not available on plain films; neuropathic osteodystrophy (e.g., Charcot Joint); other signs, symptoms and conditions (hemarthrosis documented by arthrocentesis; or osteonecrosis; or intra-articular loose body, including synovial osteochondromatosis; or significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions; suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or ulnar collateral ligament tear (Gamekeeper's thumb).

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 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/Wrist/hand Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of wrists problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. Official Disability Guidelines identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a MRI is indicated. Within the medical information available for review, there is documentation of diagnoses of low back pain, carpal tunnel syndrome, cervical facet syndrome, cervical radiculopathy, shoulder pain, and lumbar facet syndrome. However, despite documentation of a request for MRI for increased burning pain in the 4th and 5th digits of left hand, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a MRI is indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left hand is not medically necessary.