

Case Number:	CM14-0138223		
Date Assigned:	09/05/2014	Date of Injury:	01/17/2013
Decision Date:	10/09/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain with derivative complaints of headaches and psychological stress reportedly associated with an industrial injury of January 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; and opioid therapy. In a Utilization Review Report dated July 28, 2014, the claims administrator denied a request for MR imaging of the hand. Non-MTUS ODG guidelines were invoked. The claims administrator stated that the applicant already had post-injury imaging which adequately defined the digit anatomy and pathology. The claims administrator did not elaborate further, however. In a progress note dated July 4, 2014, the applicant was returned to regular duty work. Persistent complaints of digit pain were noted. The applicant was described as having issues with 7/10 right third digit pain requiring usage of tramadol and Naprosyn. The applicant was currently working, it was acknowledged. Tenderness was noted about the third digit with well-preserved range of motion. Grip strength was diminished secondary to pain. Medications and a hand surgery followup visit were endorsed while the applicant was returned to regular duty work. On June 30, 2014, the applicant was again asked to continue current medications, including tramadol and Naprosyn, and returned to regular duty work. On May 15, 2014, the applicant's primary treating provider alluded to the applicant's having issues with right third digit pain with some elements of arthrofibrosis and hypersensitivity, it was stated. X-rays of the digit apparently showed osteopenia of the same, it was suggested. The applicant was returned to regular duty work. The official report of the hand and wrist x-rays dated January 24, 2014 was interpreted by the radiologist as unremarkable. On June 24, 2014, the applicant consulted a hand and wrist surgeon after having sustained a crushed injury of the right middle finger. The applicant had continued

stiffness about the right middle finger, it was stated. Mild tenderness and swelling were noted about the PIP joint and the same. X-rays apparently demonstrated a "healed probable" avulsion fragment at the PIP joint. The attending provider posited that the applicant had a middle finger joint ligamentous injury and would need MRI imaging of the middle finger with contrast to further evaluate the applicant's residual stiffness. The attending provider stated that he did not believe the applicant required any surgical intervention but stated that he would reevaluate the applicant after the MRI in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameter for the Performance and Interpretation of MRI Imaging of the Fingers and Toes.

Decision rationale: The MTUS does not specifically address the topic of MRI imaging of the fingers and toes, although the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that usage of MRI scans of the hand/wrist prior to evaluation by a qualified specialist is "optional." In this case, the applicant has consulted a qualified specialist, a hand surgeon. The applicant is apparently contemplating further intervention involving slow-to-heal right third digit contusion injury. The hand surgeon has posited that the applicant may have a tendinous or ligamentous injury involving the injured digit. As further noted by the American College of Radiology (ACR), primary indications for MRI imaging of the fingers include the diagnosis and grading of tendon or ligamentous tears, as are suspected here and are, furthermore, useful to evaluate clinical scenarios such as prolonged, refractory, and/or unexplained sources of pain. In this case, the applicant has longstanding pain complaints, several months removed from the date of injury and several months removed from the date when said industrial contusion should have healed. MRI imaging to further evaluate is indicated. Therefore, the request is medically necessary.

MRI without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation American College of

Radiology (ACR), Practice Parameter for the Performance and Interpretation of MRI Imaging of the Fingers and Toes.

Decision rationale: While the MTUS does not specifically address the topic of MRI imaging of the fingers, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that usage of MRI imaging prior to evaluation by a qualified specialist is "optional." In this case, the applicant has consulted a hand surgeon, who has endorsed the MRI study in question. The applicant does have unexplained pathology involving the third digit, contrary to what was suggested by the claims administrator. No clear source for ongoing third digit pathology has been identified. As further noted by the American College of Radiology (ACR), primary indications for MRI imaging of the fingers or toes include the evaluation of prolonged, refractory, or unexplained pain, and/or evaluation of suspected ligamentous and/or tendinous pathology involving the digits, all of which are either evident or suspected here. MRI imaging to evaluate the applicant's residual complaints is indicated. Therefore, the request is medically necessary.