

Case Number:	CM14-0157048		
Date Assigned:	09/30/2014	Date of Injury:	07/18/2014
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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:

The patient is a 49-year-old male with a date of injury of 07/18/2013. The listed diagnoses per [REDACTED] are: 1. Bilateral 3rd and 4th digit stenosing tenosynovitis. 2. Questionable left 3rd and 4th digit metacarpophalangeal joint sprains. According to progress report, 08/12/2014, the patient presents with bilateral upper extremity complaints. On the right upper extremity, the patient has tenderness over the 3rd and 4th digits A1 pulleys with palpable nodules and active locking and triggering. On the left hand, the patient has swelling in the palm. He has tenderness over the A1 pulley of the left 3rd and 4th digits, and tenderness over the dorsum of the metacarpophalangeal joints. X-rays revealed no bony or ligamentous abnormalities. The treater would like to proceed with an MRI. Utilization review denied the request on 09/16/2014. Treatment reports from 07/29/2014 through 08/12/2014 were reviewed.

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 Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Wrist Chapter Magnetic Resonance Imaging (MRI

Decision rationale: This patient presents with continued bilateral upper extremity complaints. The treater is requesting an MRI of the left hand. Review of the medical file does not indicate that there has been a prior MRI of the hand. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." Given the patient's chronic condition, ODG guidelines are consulted. For MRI, ODG guideline under its hand/wrist chapter recommends magnetic resonance imaging when there is suspicion of a soft tissue tumor or Kienbock's disease. In this case, the treater is concerned about MCP (Metacarpophalangeal) joint sprain with a nodule along with trigger/locking. MRI is not indicated for trigger fingers and nodules over the tendon or sheath. There is no suspicion for carpal bone fracture or thumb ligamental injury. There is no suspicion for soft tissue tumor or Kienbock's disease. Recommendation is for denial.