

<b>Case Number:</b>	CM14-0178652		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

50y/o female injured worker with date of injury 3/14/14 with related right shoulder, right knee, and right fifth finger pain. Per progress report dated 10/7/14, physical exam of the right shoulder revealed provocative impingement findings. There was pain and swelling at the right fifth finger proximal interphalangeal joint which had persisted for seven months. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hand MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, MRI's

**Decision rationale:** Per ODG, the indications for MRI are: - Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is

required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Per progress report dated 5/14/14, it was noted that x-ray report of the injured worker's fifth finger was available and did not show any abnormality. X-ray report dated 3/24/14 stated: there is no evidence of acute fracture or dislocation. The bones are normally mineralized. No radiopaque foreign bodies are seen. No lytic or blastic osseous lesions are seen. There was pain and swelling at the right fifth finger proximal interphalangeal joint which has persisted for seven months. The differential diagnosis includes soft tissue tumor. The request is medically necessary. I respectfully disagree with the UR physician's assertion that there was no documentation of plain x-rays.