

Case Number:	CM13-0053062		
Date Assigned:	12/30/2013	Date of Injury:	02/21/2012
Decision Date:	03/26/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for neck, shoulder, hand, wrist, and finger pain reportedly associated with an industrial contusion/crush injury of February 21, 2012. In a Utilization Report Review dated October 7, 2013, the claims administrator failed to approve a request for MRI imaging of the several spine, shoulder, and right hand. The claims administrator referenced a progress note of September 10, 2013 in its determination. The applicant's attorney subsequently appealed. In a July 30, 2013 progress note, the applicant was placed off of work, on total temporary disability. The applicant presented with complaints of right shoulder pain, cervical spine pain, and middle and ring finger pain status post a crush injury to the same. The applicant had sustained injuries to the finger tips and associated nails. The applicant did report derivative complaints of depression, anxiety, and sleep disturbance. Some neck pain radiating to the right shoulder and right middle finger paraesthesias were evident. 5/5 rotator cuff strength was noted about the right shoulder. Tenderness about the cervical paraspinal musculature and guarding were evident. The evidence of crush and avulsion injuries to the right middle and ring fingers were noted. Naprosyn, Prilosec, and multiple MRI studies were endorsed while the applicant was placed off of work. A psychological consultation was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI FOR RIGHT 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 (ODG), CTS, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: 3. Finally, the request for MRI imaging of the hand was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that usage of MRI imaging of the hand and/or wrist prior to evaluation by qualified specialist is deemed "optional," in this case, however, the attending provider did not furnish much in the way of applicant-specific rationale or medical evidence so as to augment the Request for Authorization. It was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how (or if) the applicant would act on the results of the proposed study. It was not stated why MRI imaging was endorsed when the applicant already carried an established diagnosis of contusion injuries to the hands and/or nail avulsion injuries to the fingers. Therefore, the request was not medically necessary.