

<b>Case Number:</b>	CM15-0005320		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 53-year-old female who reported an injury on 06/20/2012. A previous request was made for an MRI of the upper extremity, a 3T magnet MRI of the right long finger on 12/18/2014. The request was denied based on a lack of continued complaints of triggering of the long finger and thumb with her grip strength testing indicating maximal effort. Overall, there is no medical necessity for the requested service at that time. The injured worker had previously indicated experiencing increased pain in her entire hand and development of 2 trigger fingers in her thumb and middle finger. She also reported pain, clicking, and stiffness in the morning with pain along the volar flexor of the wrist/forearm region and the thumb MP joint. She had reportedly not responded to right thumb or right middle finger trigger injections times 2 and also had significant right shoulder pain after completing 12 visits of physical therapy which had temporarily helped. After returning to work, she continued to have symptoms in her shoulder. She further indicated having tried a home exercise program and application of hot and cold with mild control of symptoms with her medication use. She was diagnosed with trigger finger acquired, carpal tunnel syndrome, cervicgia, and a sprain of the shoulder/arm. It was noted the injured worker is status post right carpal tunnel release which was performed on 03/05/2014. She was authorized 6 sessions of acupuncture for swelling following the surgery, and was placed on modified work status. The physician indicated that the rationale for undergoing the 3T magnetic resonance imaging was due to the injured worker having a very painful nodule in the flexor tendon of the right long finger at the ulnar side of the proximal phalange and due to concern for tendon versus nerve damage due to the exquisite pain.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**3T Magnet MRI of The Right Long Finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, & Hand. MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** Under the California MTUS/ACOEM Guidelines, although the patient continued to have pain in the right long finger, there were no red flags to indicate she necessitated an MRI to rule out any underlying condition. Therefore, an MRI of the right long finger is not considered a medical necessity without significant findings on physical examination indicating neurological deficits.