

Case Number:	CM15-0115060		
Date Assigned:	06/23/2015	Date of Injury:	09/15/2014
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on September 15, 2014. The injured worker was diagnosed as having cervical strain/sprain, rille out radiculopathy, left hand strain/sprain and status post laceration of left hand with residual pain. Treatment to date has included acupuncture, chiropractic therapy, occupational therapy and medication. A progress note dated April 15, 2015 provides the injured worker complains of neck pain rated 7/10 radiating to upper extremities with numbness and tingling. She has left hand pain rated 6/10 with weakness, numbness and tingling, mid back pain rated 4/10 and low back pain rated 7/10. Physical exam notes cervical tenderness with decreased range of motion (ROM), well healed lacerations of the left hand with tenderness on palpation and inability to make a fist and decreased fine motor function with painful decreased range of motion (ROM). There is decreased pinprick sensation. The plan includes magnetic resonance imaging (MRI) of the left hand, electromyogram, nerve conduction study and therapy.

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): 267-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270.

Decision rationale: ACOEM Guidelines state that special studies in patients with true hand and wrist problems are not needed unless red flag conditions exist. Criteria for MRI of the forearm, wrist/hand include diagnosis of TFCC tears, Diagnosis of Kienbock's disease, diagnosis of occult scaphoid fractures (especially in symptomatic patients with normal plain x-rays), and as follow-up in patients with crush injuries and compartment syndrome. This patient fails to meet any of these criteria. In addition, an MRI of the left hand was performed approximately 9 months ago which revealed only soft tissue swelling adjacent to the flexor digitorum tendons of the 3rd and 4th metacarpals. Since this MRI there has been no new injury or development of red flags warranting a repeat MRI. Therefore the request is not medically necessary.