

<b>Case Number:</b>	CM15-0125161		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/14/2015
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: 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 45 year old male who sustained an industrial injury on April 14, 2015. The injured worker stated that he got his right hand stuck in the fabric rollers and now feels pain to his right wrist and fingers. Diagnosis includes a crush injury to the right hand. Treatment has included medication, splinting, and ace bandage. The injured worker complains of pain, swelling, and decreased range of motion on the fingers of the right hand. There was slight dorsal swelling to the right hand. Capillary refill was normal. There was slight decreased flexion. Motor sensory examination was normal. There was no abrasion or bruising noted. The treatment request included an MRI of the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Right Hand):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

**Decision rationale:** The ACOEM chapter on wrist complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the hand except the case suspected infection. There is no documentation of expected infection or osteomyelitis. Therefore criteria set forth by the ACOEM for hand imaging have not been met and the request is not medically necessary.