

Case Number:	CM15-0126406		
Date Assigned:	07/10/2015	Date of Injury:	11/07/2014
Decision Date:	08/18/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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:

This 64 year old man sustained an industrial injury on 11/7/2014. The mechanism of injury is not detailed. Treatment has included oral medications. Physician notes on a PR-2 dated 11/17/2014 show complaints of pain to the left middle finger rated 3/10. Sutures are removed and steri-strips applied. Recommendations include keeping wound clean and dry and follow up in one week. No further notes are submitted, however, left wrist and hand MRIs dated 6/5/2015 are noted.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic), Indications for Imaging - Magnetic Resonance Imaging.

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

Decision rationale: This injured worker had an industrial accident on 11/07/2014. The nature of this injury was not provided in the documentation. At some point in time sutures were removed

from the wound located on the volar aspect of the right hand middle finger. This review addresses a request for an MRI of the L hand. The documentation states that the patient's problem is 80% better. There is some remaining pain with gripping. There are no complications with the wound. It is 2 cm long, skin deep, and almost healed. There are x-ray reports of the L hand and wrist. Both are normal. There are no clinical red flags, such as, osteomyelitis, tendon injury, dislocation of a joint, or suspicion of a bone fracture not adequately visualized on plain x-rays. An MRI of the hand is not medically necessary.