

<b>Case Number:</b>	CM15-0128541		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/21/2015
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Arizona, 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 04/21/2015, secondary to a crush injury to fingers right and left index while working as a machine operator. On provider visit dated 06/05/2015 the injured worker has reported excruciating pain along the stump site along with phantom sensation. On examination the injured worker was noted to be in mild distress, right finger and left finger was wrapped in gauze. Dressing was removed and no active drainage was noted. Range of motion was limited due to pain. The diagnoses have included status post traumatic amputation in the right index finger and status post left index finger crush/laceration. Treatment to date has included wound care, medication and physical therapy. The provider requested MRI of the right index finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right index finger:** Upheld

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

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

**Decision rationale:** According to the guidelines an MRI is optional when requested by a specialist prior to a history and physical. In this case, the primary treating physician requested an MRI due to concern of a ruptured tendon. In this case the exam findings were notable for decreased range of motion due to pain. There was prior mention of phantom pain. The traumatic amputation and subsequent wound care was going well with no findings of infection or subsequent complication. Pain does not suggest tendon rupture and the assessment was not done by a hand specialist. As a result, the request for an MRI of the index finger is not medically necessary.