

Case Number:	CM15-0173342		
Date Assigned:	09/15/2015	Date of Injury:	06/02/2015
Decision Date:	10/23/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, 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 is a 23 year old male with a date of injury on 6-2-2015. The patient sustained the injury when he was picking up a gallon of paint and another gallon shifted and smashed his hand in between two gallons. A review of the medical records indicates that the injured worker is undergoing treatment for right hand contusion and status post open reduction internal fixation of the proximal phalanx right middle finger in August 2013. According to the orthopedic evaluation dated 7-22-2015, the injured worker reported pain in his right hand rated seven out of ten. He reported rare numbness in his right hand. The patient has had pain weakness, numbness and tingling and stiffness in right hand. He stated that clenching a fist, grabbing objects and wrist extension gave him the most pain. Per the treating physician (7-22-2015), the employee was working modified duty. The physical examination of the right wrist on (7-22-2015) revealed tenderness to palpation over the right middle finger. There was slight tenderness on the dorsal ulnar aspect of the right wrist. Active wrist and hand motion was full but painful. The patient has grip strength of 80/90/90. Treatment has included at least one session of physical therapy and medication (Ibuprofen). The physician noted (7-22-2015) that right wrist-hand x-rays showed no other fracture, dislocation, subluxation, arthritis or abnormality. The request for authorization dated 8-3-2015 was for magnetic resonance-right hand and occupational therapy. The original Utilization Review (UR) (8-13-2015) non-certified a request for a magnetic resonance arthrogram of the right hand. The patient had received an unspecified number of PT visits for this injury. The medication list includes Ibuprofen. The patient has had X-ray of the right wrist that was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the right hand: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRIs.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (updated 06/29/15) MRI's (magnetic resonance imaging) Radiography.

Decision rationale: Request: MR Arthrogram of the right hand. Per cited ACOEM guidelines, "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis maybe warranted if the medical history and physical examination suggest specific disorders." ACOEM guidelines don't address this issue completely hence ODG guidelines are used. Per cited guidelines, "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, acute hand or wrist trauma, suspect acute scaphoid fracture, Chronic wrist pain, plain films normal, suspect soft tissue tumor." Per the cited guidelines, "Although arthrography is still the reference for the diagnosis of intrinsic ligament and cartilaginous lesions, MRI can sometimes be sufficient." The patient sustained the injury when he was picking up a gallon of paint and another gallon shifted and smashed his hand in between two gallons. A review of the medical records indicates that the injured worker is undergoing treatment for right hand contusion and is status post open reduction internal fixation of the proximal phalanx right middle finger in August 2013. According to the orthopedic evaluation dated 7-22-2015, the injured worker reported pain in his right hand rated seven out of ten. The patient has had pain weakness, numbness and tingling and stiffness in the right hand. He stated that clenching a fist, grabbing objects and wrist extension gave him the most pain. The physical examination of the right wrist on (7-22-2015) revealed tenderness to palpation over the right middle finger. A period of conservative care and observation has been completed and the pt continues to have pain with significant objective exam findings. At this time, an imaging study of the right hand is indicated to further evaluate the cause of the persistent symptoms. With this, it is deemed that MR Arthrogram of the right hand is medically appropriate and necessary in this patient at this time.