MAXIMUS Federal Services

Case Number:	CM15-0021227		
Date Assigned:	02/10/2015	Date of Injury:	08/06/2014
Decision Date:	07/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 42 year old male, who sustained an industrial injury on August 6, 2014. He reported puncturing his right hand with a nail. The injured worker was diagnosed as having a puncture wound right hand and right fourth metacarpal fracture, healed. Diagnostic studies to date have included serial x-rays. On October 7, 2014, x-rays of the right hand revealed good bridging at the fracture site, and good alignment of the fourth metacarpal. Treatment to date has included splinting, casting, buddy-taping of the fourth and fifth fingers, work modifications, physical therapy, ice, rest, and pain medication. On December 16, 2014, the injured worker complains of continued pain especially after gripping activities, which has not improved since the last visit. The pain is rated 7/10. The physical exam revealed diffuse swelling and tenderness to palpation of the palm and dorsum of the hand. The treating physician notes that the injured worker remains symptomatic to the point of being unable to return to full work duties after more than four months after his injury. Therefore, the treatment plan includes an MRI of the right hand to ensure there is no ongoing condition such as an infection or retained foreign body.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hand without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Forearm, Wrist and Hand, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 2553-285.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the right hand. The records document a physical exam with pain with palpation but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. A foreign body could be identified on a plain radiograph and does not require an MRI and there are no clinical symptoms of systemic infection documented. The medical necessity of a right hand MRI is not substantiated in the records.