MAXIMUS Federal Services

Case Number:	CM15-0040467		
Date Assigned:	03/10/2015	Date of Injury:	03/07/2011
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported injury on 03/07/2011. The mechanism of injury was noted to be there was a feral cat brought in a box, and when the box was opened, the cat jumped out, the injured worker was trying to chase the cat, and in the process, she tripped and fell. The injured worker did not fall; however, the injured worker hit her outstretched hand against the door. The injured worker underwent x-rays of the hand on 05/20/2011, and the injured worker indicated she had an MRI of the hand. The injured worker's surgical history included a trigger finger release and parathyroidectomy. Prior treatments include medications, physical therapy and a thumb spica splint. The injured worker underwent an excision arthroplasty of the CMC joint of the left thumb on 08/06/2013. The documentation of 02/11/2015 revealed the injured worker developed an infection after the carpal metacarpal arthroplasty. The injured worker's complaints were intermittent pain; and over the last 2 weeks, the injured worker indicated the problem had gotten significantly worse, and the injured worker began dropping items and having difficulty griping items. The injured worker was noted to have no recent trauma to explain new symptomatology. The physical examination revealed acute tenderness to palpation over the carpal metacarpal joint. Range of motion was full. The diagnoses included rule out infection left thumb and status post carpal metacarpal joint surgery. The documentation indicated the physician opined the injured worker had an acute change in symptomatology, because she had an infection in the past; and the physician opined it was reasonable to get an MRI of the area to make sure they are not dealing with a subtle infection. Additionally, it was indicated the injured worker would have x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines treatment in Workers' Compensation, Online Edition, Chapter: Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS 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) Forearm, Wrist & Hand Chapter, MRI.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that for injured workers presented with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. They do not, however, specifically, address MRIs, as such, secondary guidelines were sought. The Official Disability Guidelines indicate that an MRI is recommended for chronic wrist pain, if the plain film is normal or equivocal and there is a suspicion of Kienbock's disease, or if the plain films are normal and there is a suspicion of a soft tissue tumor. Additionally, they indicate a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. The clinical documentation submitted for review indicated the injured worker had developed symptoms 2 weeks prior to the office visit. Per the examination, there was no ecchymosis or erythema. There was tenderness to palpation over the carpal metacarpal joint. Range of motion was full. However, the patient had a history of a prior joint infection and, as such, the risk of recurrent infection is greater and the consequences of missing an infection could be catastrophic. The physician documented the request was made to make sure they are not dealing with a subtle infection. Given the above, the request for MRI of left hand is medically necessary.