

<b>Case Number:</b>	CM15-0061702		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 35 year old male, who sustained an industrial injury on 06/16/2011. He has reported subsequent wrist and hand pain and was diagnosed with right wrist sprain/strain and status post right little finger ligament tear. Treatment to date has included oral and topical pain medication and surgery. A request for authorization of an MRI of the right hand was retrospectively submitted. An MRI report of the right hand dated 07/25/2014 was included however there was no other medical documentation submitted that pertains to the current treatment request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective MRI of the right hand/5th digit (DOS 7/25/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 prior to history and physical with a specialist. In this case, the claimant had wrist strain and tendonitis. There was no progress

note prior to the MRI to validate the need for an MRI or in preparation to see a specialist. In addition, the MRI result did not indicate findings necessitating surgery. The MRI on 7/25/14 was not substantiated and not medically necessary.