

Case Number:	CM15-0064211		
Date Assigned:	04/10/2015	Date of Injury:	05/12/2010
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/04/2015

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: North Carolina

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 51-year-old female, who sustained an industrial injury on May 12, 2011. The injured worker reported right shoulder pain. The injured worker was diagnosed as having ganglion of joint. Treatment and diagnostic studies to date have included surgery, physical therapy and medication. A progress note dated January 14, 2015 provides the injured worker complains of right shoulder pain. Physical exam provides shoulder symptoms to be significantly better noting better strength, motion and mobility. A physiotherapy note dated January 19, 2015 notes a prior physical therapy site injured her right shoulder. The plan includes continued physical therapy. There is a request for magnetic resonance imaging (MRI) of the left 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 left index finder, without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: 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 may be warranted if the medical history and physical examination suggest specific disorders. In addition, the ODG states hand MRI is only indicated in the presence of continued pain with normal plain radiographs. The clinical documentation provided for review does not meet these criteria as outlined above and thus the request is not medically necessary.