

Case Number:	CM15-0065361		
Date Assigned:	04/13/2015	Date of Injury:	10/28/2010
Decision Date:	05/11/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/07/2015

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 69 year old male injured worker suffered an industrial injury on 10/28/2010. The diagnoses included right 5th digit contractures. The diagnostics included functional capacity evaluation and x-rays. The injured worker had been treated with multiple surgeries, physical therapy and medications. On 3/6/2015, the treating provider reported pain in the right wrist towards the little finger, continued stiffness of the fingers of the right hand and inability to fully extended fingers of the right hand. The treatment plan included MRI to Right 5th digit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI- to Right Little Finder, 5th digit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The ACOEM chapter on hand complaints states: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to

six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. In addition, the ODG states that hand MRI is not indicated unless there is persistence in symptoms despite normal routine radiographs or the emergence of red flag symptoms. The provided clinical documentation for review does not meet these criteria and therefore the request is not certified.