

Case Number:	CM15-0079971		
Date Assigned:	04/30/2015	Date of Injury:	01/30/2014
Decision Date:	07/23/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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, Pain Management

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 28 year old female, who sustained an industrial injury on January 30, 2014. The injured worker was diagnosed as having right wrist strain/sprain and right metacarpophalangeal joint. Treatment to date has included topical creams. A progress note dated March 31, 2015 provides the injured worker complains of back, right shoulder, bilateral wrist and right hand pain. She rates her back and right shoulder pain 7/10, her right wrist 6/10, and left wrist 4/10. Physical exam notes paravertebral and right trapezius tenderness, right shoulder tenderness with positive cross arm test, the wrists are tender on palpation with positive grind test and the right hand is tender on palpation with painful carpal compression. The plan includes topical medication, physiotherapy, acupuncture, x-ray, magnetic resonance imaging (MRI), surgical consultation, Transcutaneous Electrical Nerve Stimulation (TENS) unit and heat and cold therapy.

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: 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): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand.

Decision rationale: Regarding the request for MRI of right hand, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The guidelines support MRI of the hand if there is a suspected fracture or a disease as a result of trauma when the plain radiographic shows normal findings. Within the documentation available for review, there is no exam findings suggest any red flag symptoms, or any other indication of a condition for which an MRI is supported. Furthermore, the patient has not had a plain radiograph of the right hand yet. As such, the currently requested MRI of right hand is not medically necessary.