

<b>Case Number:</b>	CM15-0091326		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 23 year old male, who sustained an industrial injury on 08/15/2012 secondary to having his fingers on right hand pulled and pinned between two pressure rollers on a machine he was operating. On provider visit dated 01/12/2015 the injured worker has reported sharp pain in palm that radiates to the shoulder, numbness was noted at the dorsum of the long finger. On examination there was a well healed skin graft over the dorsum of the right middle finger, there was tenderness over the palm of the right hand noted. Right hand was noted to have decreased grip strength and decreased sensory loss in the right middle finger. The diagnoses have included status post right middle finger degloving injury with subsequent skin grafting, post traumatic arthralgia and stiffness. Treatment to date has included hand therapy, surgical intervention and medications. The provider requested a MRI of the right wrist/hand for further evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Right Wrist/ Hand:** Upheld

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

**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 option prior to a history and physical with a qualified specialist. In this case, the claimant had unremarkable x-rays. The exam findings of the hand did not show any gross anaomic abnormalities. Although it was requested by an orthopedic surgeon, the request for an MRI is optional and is not medically necessary.