

<b>Case Number:</b>	CM15-0093118		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/10/2015
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for hand and finger pain reportedly associated with an industrial injury of February 10, 2015. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for an ergonomic evaluation and outpatient MRI of the right hand without contrast. The claims administrator invoked non-MTUS ODG Guidelines to deny the ergonomic evaluation and incorrectly stated that the MTUS did not address the topic. A March 19, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of hand and wrist pain, exacerbated by gripping and grasping. The applicant exhibited visible locking about multiple digits. The applicant was asked to return to modify duty work. A hand surgery consultation for definitive resolution of the applicant's symptoms was sought. On March 2, 2015, the applicant reported ongoing complaints of finger pain. MRI imaging of the hand was sought by the applicant's primary treating provider (PTP). An ergonomic evaluation was also endorsed, seemingly on the grounds that there might be some ergonomic contributor to the applicant's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic evaluation of patients work station:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** Yes, the request for an ergonomic evaluation of the applicant's workstation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264, adjustments or modifications to an applicant's work station, job tasks, work hours, work methods and, by analogy, the ergonomic evaluation at issue here are "recommended" as methods of symptom control for forearm, hand, and wrist symptoms, as were/are present here. Here, the attending provider did suggest that there were some ergonomic contributors towards the applicant's complaints on his March 12, 2015 Doctor's First Report (DFR). Obtaining an ergonomic evaluation was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.

**Outpatient MRI of the right hand without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

**Decision rationale:** Conversely, the request for MRI imaging of the hand without contrast was not medically necessary, medically appropriate, or indicated here. The primary stated diagnosis here was the trigger finger or finger tenosynovitis. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-5, page 269, scores MRI imaging a 0/4 in its ability to identify and define suspected trigger fingers and/or suspected tenosynovitis, i.e., the concerns present here. It was not clearly stated or clearly established why MRI imaging was sought for diagnosis for which it is scored poorly in its ability to identify and define, per ACOEM. It was not clearly stated why MRI imaging was sought when the diagnosis of trigger fingers was already clinically evident. Therefore, the request was not medically necessary.