

Case Number:	CM15-0094664		
Date Assigned:	05/20/2015	Date of Injury:	05/23/2014
Decision Date:	06/29/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 53-year-old male, with a reported date of injury of 05/23/2014. The diagnoses include status post closed left hand fracture, left hand/fingers pain, severe soft tissue contusion of the left hand, left elbow strain/sprain, left lateral epicondylitis, left wrist sprain/strain, left wrist scapholunate ligament tear, left wrist subchondral cyst, and status post left wrist fracture. Treatments to date have included an MRI of the left hand on 02/04/2015 which showed a benign intraosseous cyst of the third metacarpal head; oral medications; and physical therapy. The progress report dated 02/17/2015 indicates that the injured worker complained of left elbow pain and muscle spasms. The pain was described as constant, moderate to severe. He rated her pain 4-5 out of 10. The injured worker also complained of weakness, numbness, tingling, and pain radiating to the hand and fingers. An examination of the left elbow showed tenderness to palpation over the left medial and lateral epicondyle, tenderness to palpation of the olecranon, and decreased range of motion. An examination of the left wrist showed tenderness to palpation over the distal radius and over the articulation of the radius and carpus, tenderness to palpation over the first carpometacarpal joint, generalized tenderness at the fourth and fifth finger, and decreased range of motion. The neurological examination of the upper extremities showed slightly diminished sensation to pinprick and light touch, and decreased motor strength in all the represented muscle groups in the left upper extremity. The treating physician requested a repeat MRI of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro repeat MRI of left hand 2/4/15: 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): Chapter 11, page 269.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI without demonstrated progressive deterioration and acute change in neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Retro repeat MRI of left hand 2/4/15 is not medically necessary and appropriate.