

<b>Case Number:</b>	CM15-0096287		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 58-year-old who has filed a claim for chronic low back, shoulder, hand, and wrist pain reportedly associated with an industrial injury of October 1, 2007. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for MRI imaging of the hand. The claims administrator referenced a RFA form received on April 23, 2015 in its determination. The claims administrator stated that its denial was based on a paucity of supporting information by the attending provider. A variety of MTUS and non-MTUS Guidelines were placed at the bottom of the report, although these were not seemingly incorporated into the report rationale. Survey of the claims administrator's medical evidence log suggested that the bulk of the notes on file represented historical utilization review report, with comparatively few clinical progress notes. In a handwritten Doctor's First Report (DFR) dated March 9, 2015, the applicant was placed off of work, on total temporary disability. Physical therapy, MRI imaging of the hips and pelvis, MRI imaging of the lumbar spine, CT imaging of the lumbar spine, Lodine, 18 sessions of physical therapy, and laboratory testing were endorsed, apparently in conjunction with the hand MRI at issue. Overall commentary was sparse, it was not clearly stated what was sought. It was not clearly suggested what was suspected.

### 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 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Indications for imaging - magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** No, the request for MRI imaging of the right hand was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does note that usage of MRI imaging of the forearm, wrist, and hand prior to evaluation by a qualified specialty is deemed “optional,” here, however, the attending provider's March 9, 2015, doctor's first report (DFR) was sparse, thinly developed, difficult to follow, not entirely legible, did not clearly state what issue, diagnosis, and/or diagnoses were suspected here. It was not clearly stated or clearly established how the proposed hand MRI would influence or alter the treatment plan. The fact that multiple MRI studies, including of the shoulder, hip, spine, hand, etc., were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.