

Case Number:	CM15-0097803		
Date Assigned:	05/28/2015	Date of Injury:	04/14/2015
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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: North Carolina

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 45 year old male who sustained an industrial crush injury to his right hand on 04/14/2015 when his hand got stuck in a fabric roller. The injured worker was diagnosed with contusion of the right hand/wrist. Treatment to date includes X-rays on April 17, 2015, splinting, rest, elevation, occupational therapy and medications. According to the primary treating physician's progress report on May 4, 2015, the injured worker continues to experience deep pain in the bones of the right hand into the forearm. Examination demonstrated swelling, decreased motor and inability to flex completely. Neurovascular was intact. Current medications are listed as Norco, Tramadol, Motrin and Prilosec. Treatment plan consists of referral to hand surgeon, occupational therapy; continue with conservative measures, pain medications and the current request for magnetic resonance imaging (MRI) of the right hand.

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 Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist/hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for hand MRI have not been met and the request is not certified. Therefore, the requested treatment is not medically necessary.