

Case Number:	CM14-0156693		
Date Assigned:	09/26/2014	Date of Injury:	08/15/2014
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31 year old male with a date of injury on 8/15/2014. The worker got the left thumb caught in a ladder. He was seen by the physician the next day at which time a contusion was diagnosed. The worker was seen on 10/18 and an x-ray was done showing possible jamming of the distal interphalangeal joint. The worker also had some extensor lag to suggest possible tendon damage, and the worker was referred to a hand surgeon. There is a 9/15/14 note indicating a re-read of the x-ray interpreting it as a fractured volar base of the distal phalanx. The evaluation appears to be by a hand surgeon, who advised keeping the thumb immobilized but did not see an indication for surgery. It appears that on 9/2, the worker was seen by the Occupational Medicine provider, who had advised a magnetic resonance imaging as part of concern of a possible diagnosis of mallet finger. There is a follow up note from 9/22, from the hand surgeon, who makes reference to the magnetic resonance imaging (apparently requested by the occupational medicine provider), and also addresses that the worker is now complaining of numbness and tingling in the thumb and radial nerve distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left thumb without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging)

Decision rationale: Per the Official Disability Guidelines, the following are indications for magnetic resonance imaging:- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb metacarpophalangeal ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's DiseaseIn this case, it appears that the magnetic resonance imaging was suggested by the occupational medicine provider when there was concern about a possible mallet finger. When the worker was seen by the hand surgeon, however, he stated that the worker had no need for surgery and that the worker should continue to keep the thumb in a splint, with the interphalangeal joint in flexion. There was no need for further diagnostic exploration to aid in the worker's diagnosis or treatment. Given this, the available data, by the medical specialist himself, does not show a need for a diagnostic study such as an magnetic resonance imaging as the worker's diagnosis and treatment addressed by the hand surgeon, was established. Performing the magnetic resonance imaging was not felt to provide additionally critically necessary information to alter diagnosis or treatment plan. Given this, the request for the magnetic resonance imaging is not supported or medically necessary.