Case Number:	CM17-0019218		
Date Assigned:	02/03/2017	**Date of Injury:**	11/02/2016
Decision Date:	02/27/2017	**UR Denial Date:**	01/17/2017
Priority:	Standard	**Application Received:**	01/30/2017

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 53-year-old female, with a reported date of injury of 11-02-2016. The diagnoses include open wound of right thumb, possible right thumb foreign body, status post foreign body excision right thumb, and right thumb post-operative infection.The progress report dated 12-09-2016 indicates that the injured worker presented for post-operative follow-up. The worker had an exploration of the right thumb with excision on 12-02-2016. The injured worker had no complaints. The physical examination showed definite improvement with no new programs or positive findings; and clean and dry incision. It was noted that the sutures were removed and steri-strips were applied. The injured worker was fitted with a supportive splint. It was noted that the injured worker had been released to full duty with no restrictions.The progress report dated 01-10-2017 indicates that the injured worker presented for follow-up of the right thumb. The worker continued to complain of hypersensitivity pain and sensation persistent with a foreign body. The physical examination showed no evidence of infection or redness; some mild hyperemia around the incision; and hypersensitivity on the scar. The treatment plan included an MRI of the fingers of the right hand.The diagnostic studies to date have included an x-ray of the right hand on 11-04-2016 which showed erosive osteoarthritis. Treatments and evaluation to date have included right thumb scar tissue excision (12-02-2016). The request for authorization was dated 01-10-2017. The treating physician requested an MRI of the fingers of the right hand without contrast.On 01-17-2017, Utilization Review (UR) non-certified the request for an MRI of the fingers of the right hand without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the fingers of the right hand without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI hand.

Decision rationale: CA MTUS/ACOEM states that plain-film radiographs of the hand or wrist should be obtained when a patient presents with a soft tissue injury suggestive of fracture or an occult foreign body. Of particular concern are lacerations from glass. Radiography is indicated in dislocation of a DIP joint to rule out fracture. In dislocation of an MCP joint, posterior-anterior view shows marked widening of the joint. Sesamoid bones seen inside the joint space on radiographs are diagnostic of complex MCP joint dislocation. Ultrasonography has a growing role in locating foreign bodies and in evaluating soft tissues (see the image below). It can be used to detect ruptured tendons and ulnar collateral ligament injuries to the thumb. One can also assess the dynamic function of tendons noninvasively using ultrasonography. Ultrasound evaluation in the long axis with use of dynamic imaging allows visualization of the ulnar collateral ligament and adductor pollicis aponeurosis. Ultrasound has also been found to be accurate in diagnosing Stener lesions. MRI has been shown to be highly sensitive in detecting ruptured tendons. However, it does not have a role in emergent management of hand wounds. In this case there is no specific clinical rationale for an MRI of the right hand. Medical necessity for the requested study has not been established. The requested MRI of the right hand without contrast is not medically necessary.