

Case Number:	CM13-0005804		
Date Assigned:	12/04/2013	Date of Injury:	07/15/2013
Decision Date:	01/22/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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 claimant is a 53-year-old gentleman who sustained an injury to his upper extremity on July 15, 2013. The clinical records for review were inclusive of a July 15, 2013 emergency room assessment indicating complaints of a fall onto an outstretched right arm. He was noted to be with a displaced distal radius fracture. Radiographs reviewed on that date showed an impaction fracture of the distal radius. Recommendations on that date were for a volar splint, orthopedic referral and activity restrictions. Orthopedic followup on July 16, 2013 stated elbow examination showed radiographs with a questionable boney density to the lateral epicondyle with no documented formal findings in regards to the elbow noted. A July 17, 2013 authorization request from treating orthopedic surgeon showed a request for MRI scan of the right wrist and elbow for further assessment. Examination noted from that date showed swelling to the dorsal and volar aspect of the wrist with tenderness over the lateral epicondyle. Otherwise, exam of the elbow was noted to be "within normal limits". He stated at that time the need for MR imaging to further assess possible scapholunate disassociation of the wrist. There was no indication as to why MRI scan of the elbow was to be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist and right elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp., 18th Edition, 2013 Updates: elbow procedure

Decision rationale: When surgery is being considered for a specific anatomic defect. To further evaluate potentially serious pathology, such as a possible tumor, when the clinical examination suggests the diagnosis". In this case there is not a specific elbow diagnosis and there are not findings suggestive of pathology such that imaging in the form of an MRI would be considered as medically necessary. With respect to the MRI of the wrist the CA MTUS ACOEM guidelines do not address the specific diagnosis in question. When looking at Official Disability Guideline criteria, the MRI scan of the wrist would be supported. The clinical records in this case indicate that the treating physician was looking for a scapholunate disassociation. Given the clinical findings on radiographs and physical examination, the role of an MRI scan to further assess the claimant's potential bony abnormality would appear to be medically necessary.