

Case Number:	CM13-0009768		
Date Assigned:	12/11/2013	Date of Injury:	07/09/2012
Decision Date:	01/22/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38 year old, male with date of injury of 07/09/2012. The patient was diagnosed with a sprain of right wrist. Utilization review dated 07/24/2013 denied request for an MRI of the wrist stating citing "no evidence of a recent comprehensive non-operative treatment protocol trial." Report dated 05/06/2013 by [REDACTED] shows on examination of a subtle thickening at the volar radial aspect of the right wrist with slight tenderness. There is good motion in the joint of the right hand/wrist. Patient possibly has a small ganglion cyst on radial volar. Request is for an MRI scan of the right wrist to further assess. Report dated 06/26/2013 shows on examination no swelling and good motion in wrist/hand. Sensation is intact in digits of the right hand. Tinel's and Phalen's are negative. There is some tenderness on radial dorsum of the wrist. [REDACTED]. [REDACTED] requests appeal of MRI of wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist Magnetic Resonance Imaging (MRI) Scan: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines -TWC guidelines has the following regarding MRI of wrist

Decision rationale: The Physician Reviewer's decision rationale: Patient was diagnosed with a sprain of right wrist. Utilization review dated 07/24/2013 denied request for an MRI of the wrist. Report dated 05/06/2013 by [REDACTED] shows on examination a subtle thickening at the volar radial aspect of the right wrist with slight tenderness. There is good motion in the joint of the right hand/wrist. Patient possibly has a small ganglion cyst on radial volar side. He requested an MRI of the wrist, which was subsequently denied. The report dated 06/26/2013 shows on examination no swelling and good motion in the wrist/hand. Sensation is intact in digits of the hand. Tinel's and Phalen's are negative. Some tenderness is noted on the radial dorsum of the wrist. [REDACTED] would like to appeal the denial for MRI. Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, and avascular neurosis. In this case, the treater describes a 7x7mm swelling on the radial volar aspect of the right wrist. For the suspected growth or tumor, an evaluation with an MRI is consistent with the Official Disability Guidelines. The patient is described to have tenderness over the dorsal radial part of the wrist as well. Recommendation is for an authorization