MAXIMUS Federal Services

Case Number:	CM13-0045313		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2013
Decision Date:	04/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & 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 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 patient reported a date of injury of 02/18/2013. According to the progress report dated 09/30/2013 by [redacted], the patient had a presumed scaphoid fracture and was fitted in a cast for a total of 3 months. He came out of the cast on 05/15/2013 and is working hard to regain movement in his right wrist. The patient has returned to regular duty but reports some mild pain with heavy lifting activities. He also has some mild elbow pain. The examination shows that the patient's wrist pain is localized to the distal radial ulnar joint on the ulnar aspect of the DRUJ and the TFCC area. The physician is requesting an MR arthrogram of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE RIGHT WRIST: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://www.odg- twc.com/odgtwc/Forearm_Wrist_hand. htm)

Decision rationale: This patient presents with wrist pain. The physician is requesting an MR arthrogram of the right wrist. The utilization review dated 10/30/2013 denied the request stating, "without any clinical evaluation that satisfies the potential of other pathology about the wrist MR imaging would appear to be premature." The x-ray report dated 05/15/2013 of the right wrist shows no acute fractures, focal destructive osseous lesions or dislocations. In addition, visualized joint spaces are within normal limits. Review of 77 pages of records do not show any recent MRI or MR arthrogram of the right wrist. MTUS is silent with regards to the request. However, ACOEM Guidelines page 268 states that for most patients presenting with hand and wrist problems, special studies are not needed until after 4-to 6-week period of conservative care and observation. Additionally, initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. Under ODG Guidelines, an MRI of the wrist in selected cases where there is a high clinical suspicion of fracture despite normal radiographs is supported. ODG further states that MRIs has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. MRIs may also be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular necrosis, and miscellaneous other abnormalities. The progress report dated 09/30/2013 does document the patient's wrist pain is localized in the distal radioulnar joint on the ulnar aspect of the DRUJ and the TFCC area. In this case, the physician is concerned about possible TFC tear post right wrist fracture. ODG does support the use of MRIs in diagnosing patients with possible triangular fibrocartilage which the physician is suspecting. Therefore, recommendation is for authorization.