

Case Number:	CM13-0052006		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2012
Decision Date:	03/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Medicine, and is licensed to practice in Oregon. 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:

This is a 51 year old female who injured her right wrist at work on 6/4/12. She fell at work and boxed fell on her right wrist and right hand. She has been treated with physical therapy. Diagnosis is right wrist strain. ██████████ requested an MRI scan of her right wrist and hand. The request was denied on 12/11/13 as not medically necessary. She saw ██████████ on 12/5/13. Physical exam showed right wrist and right hand strength was normal. She had tenderness at right snuff box and ulnar wrist joint. Decreased ROM of wrist. She had x-rays of right wrist done on 12/5/13. They were apparently normal. ██████████ recommended a right MRI scan to r/o TFCC injury or tear. She was seen by ██████████, orthopedist for a QME on 10/8/13. He recommended a right wrist MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right wrist and hand: 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), Section Wrist: MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Forearm, Wrist & Hand: MRI scans

Decision rationale: The ODG recommends a MRI scan of wrist if a TFCC injury is suspected. She has had chronic wrist pain with normal x-rays. Physical exam was suggestive for a TFCC injury. A wrist MRI scan is indicated and the indicated diagnostic study in this case.