

Case Number:	CM13-0056331		
Date Assigned:	01/15/2014	Date of Injury:	09/12/2013
Decision Date:	05/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 claimant is a 56-year-old gentleman who sustained an injury to his right wrist and hand on September 12, 2013, while shifting on a tractor. The medical records provided for review indicate an initial strain to the wrist. A November 1, 2013, record documents tenderness to palpation at the base of the wrist and elbow. Full range of motion was noted. Conservative care, including medication management and activity restrictions, was recommended. An MRI scan of the right wrist and elbow were recommended for further diagnostic interpretation. No further conservative measures were noted. This request is for right wrist MRI and elbow MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF RIGHT WRIST AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 11: FOREARM, WRIST AND HAND COMPLAINTS, 268-269

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Procedure, MRI

Decision rationale: California ACOEM Guidelines supported by the Official Disability Guidelines do not support the request for an MRI in this case. ACOEM Guidelines do not recommend special imaging without a 4 to 6 week course of conservative treatment and observation. The documentation does not indicate that the claimant has exhausted a full course of conservative treatment for 4 to 6 weeks. Acute trauma and suspected ligamentous or tendinous injuries with normal inconclusive radiograph are indications for MRI under the Official Disability Guidelines. The clinical records in this case do not document physical examination findings related to traumatic injury to the tendon or ligamentous structures of the hand or wrist. The claimant's clinical presentation and the absence of documentation of plain film radiographs and conservative measures do not support the acute need for an MRI. This request is not medically necessary.

MRI OF RIGHT ELBOW AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Procedure, MRI

Decision rationale: Based on the CA ACOEM Elbow 2007 Guidelines and supported by the Official Disability Guidelines for specific clinical criteria for elbow MRI, the request for a right elbow MRI cannot be supported. The claimant's clinical presentation included subjective complaints of right upper extremity pain, but no formal physical examination finding of the elbow were available for review to support the ACOEM and ODG Guidelines requirement for imaging. In addition, there was no documentation of the conservative measures directed to the claimant's elbow. The request for an MRI of the elbow cannot be supported.