

Case Number:	CM13-0056886		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2012
Decision Date:	06/12/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 21-year-old who was injured on November 16, 2012. He was initially noted to have sustained a right knee injury due to a buckling episode while at work. Further review of the records indicates an injury to the right upper extremity. A pre-injury MRI scan of the right wrist and hand, performed May 31, 2012, showed a sprain to the second metacarpophlangeal joint and ulnar collateral ligament with no indication of osseous findings, full thickness tearing or fracture. A follow-up record dated October 9, 2013, documents continued complaints of wrist pain. Physical examination of the right upper extremity showed a positive Phalen's test at the wrist, positive Durkan's testing and tenderness along the dorsum of the second metacarpal. Plain film radiographs were negative. This request is for a repeat MRI of the hand and wrist.

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/HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Minnesota Rules) Parameters For Medical Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Forearm/Wrist/Hand Procedure Chapter, MRI's (Magnetic Resonance Imaging) Section.

Decision rationale: The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines supported by the Official Disability Guidelines would not recommend a repeat MRI of the wrist. The Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines support the use of an MRI as a diagnostic option. The Official Disability Guidelines state that repeat MRI scans are not routinely recommended and should be utilized in the presence of significant change in symptoms or findings suggestive of significant pathology. This claimant previously underwent an MRI scan of the hand and wrist, and current physical examination findings do not demonstrate acute pathology or other findings to support repeating the MRI. This claimant's clinical presentation may be more consistent with a possible diagnosis of carpal tunnel syndrome, which is not typically established with MRI scanning. The request for an MRI of the right hand is not medically necessary or appropriate.