MAXIMUS Federal Services

Case Number:	CM13-0063831		
Date Assigned:	03/24/2014	Date of Injury:	09/13/2013
Decision Date:	05/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 47-year-old female with a 9/13/13 date of injury. At the time (11/27/13) of request for authorization for MRI of the left wrist, there is documentation of subjective (wrist pain, intermittent numbness, tingling of the thumb) and objective (grip strength left 25, right 30 lbs) findings, current diagnoses (left wrist strain, unspecified site), and treatment to date (PT and activity modification). There is no documentation of a conditon/diagnosis (with supportive subjective/objective findings) for which an MRI would be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist And Hand Chapter.

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), Forearm/Wrist/Hand Chapter.

Decision rationale: The Expert Reviewer's decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. ODG identifies documentation of Tumors, benign, malignant, metastatic; Infection or Inflammatory Conditions; Fracture or Trauma Evaluation when adequate diagnostic evaluation is not available on plain films; Neuropathic Osteodystrophy (e.g., Charcot Joint); Other signs, symptoms and conditions (Hemarthrosis documented by arthrocentesis; or Osteonecrosis; or Intra-articular loose body, including synovial osteochondromatosis; or Significant persistent pain unresponsive to a trial of 4 weeks of conservative management; or Abnormalities on other imaging (plain films or bone scans) requiring additional information to direct treatment decisions); suspicion of carpal instability, triangular cartilage ligament tears particularly when done in association with an arthrogram; scaphoid fracture; or Ulnar collateral ligament tear (Gamekeeper's thumb), as criteria necessary to support the medical necessity of wrist/hand MRI. Within the medical information available for review, there is documentation of diagnosis of left wrist strain, unspecified site. However, there is no documentation of a conditon/diagnosis (with supportive subjective/objective findings) for which an MRI would be indicated. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left wrist is not medically necessary.