

Case Number:	CM14-0001343		
Date Assigned:	01/22/2014	Date of Injury:	03/03/2011
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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:

This is a 27-year-old female with a 3/3/11 date of injury. She injured her left wrist when she was assaulted at work. A 12/10/13 progress report is handwritten. It indicates the patient has had worsening left wrist pain and new-onset of a palpable, painful protrusion on the left volar wrist. Objective exam: tender, hard protrusion of volar radial wrist, 3+ weakness of the wrist flexors, and extensors, as well as grip strength. The treatment-to-date: deQuervan's release on 9/22/11, post-operative block and tenosynovectomy, physical therapy, chiropractic care, TENS unit. A prior UR decision dated 12/17/13 denied the request for the MRI of the wrist due to the fact that there were no recent radiographs and the patient was pending an orthopedic consultation. Treatment-to-date: deQuervan's release on 9/22/11, post-operative block and tenosynovectomy, physical therapy, chiropractic care, TENS unit. A prior UR decision dated 12/17/13 denied the request for the MRI of the wrist due to the fact that there were no recent radiographs and the patient was pending an orthopedic consultation.

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 TO ASSESS FOR CARPAL LIGAMENTS INSTABILITY/NEW ONSET FRACTURE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009: §9792.23.4. Forearm, Wrist, and Hand Complaints.

Decision rationale: The MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. This is a 27-year-old female with a 2011 date of injury. She has a history of increasing pain to her left wrist, for which she is requiring more pain medication. This request was initially denied because the patient had not had any recent radiographs documented. CA MTUS requires normal radiographs and in patients with chronic wrist pain, such as this patient, a suspicion for an acute, specific pathology. There is no clear description of any new injury that would require a MRI. There has been no recent wrist radiographs made available for review. The request, as submitted, is not medically necessary.