

Case Number:	CM14-0006656		
Date Assigned:	06/13/2014	Date of Injury:	10/25/2012
Decision Date:	07/28/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 injured worker is a 55-year-old female patient who sustained a work injury on October 25, 2012. She was employed as a machinist operating machines that make parts for airplanes. The patient was lifting 75-80 pounds of equipment and felt pain in her neck, bilateral shoulders, elbows, wrists, knee, ankles and low back. An initial evaluation dated November 13, 2013 and progress note dated December 11, 2013 from the treating orthopedic surgeon were reviewed. The request is for a right wrist MRI for the diagnoses of wrist sprain/strain and rule out carpal tunnel.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262, 268-269, 272 & Chapter 13, Pages 581-582.

Decision rationale: Based on MTUS guidelines, regarding wrist sprain/strain it is recommended that 4-6 weeks of conservative care are undertaken before special studies are considered. Reviewing records from the treating orthopedic surgeon, the non-surgical care has not been

documented nor is there documentation of x-rays having been done. The treating physician's report dated November 13, 2013 references ACOEM guidelines, 3rd edition, chapter 13 page 581-582, table 1 indicating that a forearm, wrist/hand MRI may be ordered to diagnose triangular fibrocartilage complex (TFCC) tears, Kienbock's disease, occult scaphoid fractures despite negative x-rays and for follow-up on patients with crush type injury or compartment syndrome. The physical exam does not support evidence of TFCC pathology or scaphoid fracture and the mechanism of injury is not consistent with crush injury or compartment syndrome. The request for a MRI of the Right Wrist is not medically necessary and appropriate.