

Case Number:	CM14-0007751		
Date Assigned:	02/07/2014	Date of Injury:	07/17/2013
Decision Date:	06/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 34-year-old female who reported an injury on 07/07/2013. The mechanism of injury was that as the injured worker was applying soap to the bathtub that she was cleaning, her hands slipped off to the left side, and the injured worker felt her shoulder pop. The injured worker underwent an x-ray of the right wrist on 07/17/2013, which showed an unremarkable right wrist x-ray. The documentation of 10/17/2013 revealed that the injured worker had no soft tissue swelling of the right wrist. The documentation indicated that the injured worker had no physical therapy per the documentation. There was diffuse tenderness to palpation over the distal radius and wrist. There was no localized tenderness over the first dorsal compartment, radiocarpal joint, triangular fibrocartilage, scapholunate interval, scaphoid or distal radioulnar joint. There was a negative Tinel's, Phalen's, median nerve compression test, Finkelstein's, Watson's and Allen's sign. There was satisfactory range of motion of the digits. The diagnosis included contusions/straining injury, bilateral wrists. The treatment plan included an MRI of the lumbar spine, left knee and right wrist. Additionally, the Request for Authorization was for physical therapy twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT MAGNETIC RESONANCE FOR 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): 268-269.

Decision rationale: The ACOEM Guidelines indicate that for most injured workers presenting with true hand and wrist problems; special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review indicated that the injured worker had not undergone physical therapy and that she had no improvement with continued self-treatment. There was a lack of documentation of exceptional factors to warrant nonadherence to the guideline recommendations. Given the above, the request for an urgent MRI of the right wrist is not medically necessary.