

Case Number:	CM14-0007969		
Date Assigned:	02/12/2014	Date of Injury:	10/03/2011
Decision Date:	07/25/2014	UR Denial Date:	01/07/2014
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, Pain Medicine and is licensed to practice in Texas. 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 53 year old male who was injured on 10/03/2011. According the documentation provided for review, the injured worker was pushing a plastic pipe when it became stuck and pushed back, bending his left hand backwards. The injured worker reports feeling a pop and noted immediate swelling. Medical evaluation dated 08/22/2013 states the injured worker complains of constant pain in the left hand rated at a 6/10. Objective findings include JAMAR grip strength of the left hand to be 30/26/26 kg and the right hand to be 34/32/32 kg. Further evaluation revealed no instability or laxity of the left wrist and negative Carpal Tinel's, Phalen's, and Finkelstein's. There was mild inflammation and tenderness to palpation of the dorsal aspect of the wrist joint noted and flexion, extension, ulnar deviation and radial deviation findings were all less than normal. The injured worker was diagnosed with a left wrist sprain/strain. Handwritten clinical notes dated 09/16/2013 and 11/18/2013 are illegible. A Quantitative Functional Capacity Evaluation was performed on 10/01/2013 which included 25 tests but a conclusive impression was not included. There were no imaging studies available for review and no indication any imaging studies had been performed to date. There were no physical therapy notes available for review or any indication of physical therapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI, 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 (ODG) Forearm, Wrist and Hand, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 581-582. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand Chapter, MRI Section.

Decision rationale: The request for an MRI of the left wrist is not recommended as medically necessary. American College of Occupational and Environmental Medicine (ACOEM) recommends x-ray studies of a wrist for suspected wrist sprain. Otherwise, ACOEM does not appropriately address this issue. Official Disability Guidelines (ODG) states the indications for an MRI of the wrist must include normal radiographs or normal plain films unless there is a suspected gamekeeper injury. The documentation submitted for review did not include any previous imaging studies, to include x-ray studies. There was no indication that any prior imaging studies have been performed to date. The documentation submitted for review did not suggest a gamekeeper injury is suspected. Due to the lack of the prior imaging requirement, the request for outpatient MRI of left wrist is not medically necessary.