

Case Number:	CM14-0009481		
Date Assigned:	02/10/2014	Date of Injury:	11/10/2010
Decision Date:	06/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 27-year-old male with a reported date of injury on 11/10/2010. The mechanism of injury occurred when he was working a drill rig having trouble aligning a rod when it lost traction and dragged his right hand and pulled his right index finger off and part of his thumb. The progress note dated 01/13/2014 rated the injured worker's pain at 6/0. An MRI (magnetic resonance imaging) was performed on 12/26/2013 and results were inconclusive. The injured worker complained of pain at the dorsum distal radial as well as phantom limb pain. The physical examination noted pain to the right wrist with full extension and positive pain over the scapholunate area. There was a negative Watson Shift test and negative load test. There is also pain at the distal radial junction. The diagnoses listed were amputation index finger, right, amputation thumb, right, crush injury, hand, significant scar tissue web space, phantom pain right index finger, and depression, situational. The request of authorization dated 01/13/2014 for an MRI right wrist arthrogram to rule out tear from a right wrist crush injury.  

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

PRACTICE GUIDELINES, 2009, CHAPTER 11- FOREARM, WRIST AND HAND COMPLAINTS, 80

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI

Decision rationale: The request for an MRI (magnetic resonance imaging) Arthrogram of the right wrist is non-certified. The injured worker had a previous MRI which was inconclusive. The Official Disability Guidelines (ODG) recommends an MRI as a diagnostic in patient which triangular fibrocartilage and intraosseous ligament tears, occult fractures, avascular necrosis, and miscellaneous other abnormalities. The ODG criteria for an MRI is chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The previous MRI was inconclusive and there is not a significant change noted in documentation. Therefore, the request is non-certified.