

Case Number:	CM14-0105777		
Date Assigned:	07/30/2014	Date of Injury:	04/03/2013
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 & 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 49-year-old male who reported an injury on 04/03/2013. The specific mechanism of injury was not provided. The injured worker underwent dorsal web space laceration primary closure after a crush injury. The injured worker underwent an MRI of the wrist on 05/02/2013, which revealed a sprain to the metacarpophalangeal (MCP) and carpometacarpal (CMC) joints of the thumb with chronic tearing to the scapholunate ligament. The injured worker had prior electrodiagnostic studies on 06/04/2013 which were noted to be normal. The injured worker had a prior plain film which revealed evidence of a healed scaphoid fracture with postoperative traumatic arthrosis. Prior treatments included a splint and cast. The documentation of 06/02/2014 revealed a request for special x-rays to evaluate for carpal collapse and an updated MRI arthrogram to evaluate for the presence of a scapholunate ligament tear and osteonecrosis. Additional treatments included an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper extremities, including Somatosensory Evoked Potential (SSEP) for ulnar and medial nerves. The examination of the injured worker's right wrist was unchanged. The brace was getting worn out. The injured worker had gross loss of range of motion with pain. The distraction test showed no gross instabilities. The diagnosis included right wrist degenerative joint disease. The treatment plan included an NCV/EMG, special diagnostic x-rays, and a triple compartment MRI with arthrogram.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand procedure, MRIs (magnetic resonance imaging).

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 & Hand Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is appropriate when there has been a significant change in symptoms or objective findings. The documentation indicated the examination was essentially otherwise unchanged. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for MRI of the right wrist is not medically necessary.