

Case Number:	CM14-0107998		
Date Assigned:	09/03/2014	Date of Injury:	05/01/2014
Decision Date:	09/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/11/2014

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 54 year old female who sustained an industrial injury to her right hand/wrist on May 5th 2014. This injury, per available records, involved a stretching of her hand causing pain to the wrist and thumb. She has received physical therapy and there is a report of her stating that this provided some improvement but this is followed with the report that her pain has actually increased since completing physical therapy. Hand and wrist radiographs completed on 6/5/14 were essentially negative for pathology. Her latest included physical examination (7/10/14) describes decreased range of motion relative to the other hand, but the while the range of motion is described (45° flexion and extension) the difference between sides is not elaborated upon. Likewise, her grip strength is noted to be less on the right then the left but the strength level is not elaborated upon (i.e. 4/5, 3/5, etc.). Prior examination on 6/17/14 reported normal range of motion and "good" grip strengths bilaterally. She is noted to have a history of carpal tunnel surgery but the side is not noted.

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/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official

Disability Guidelines-Treatment for Worker's Compensation, Forearm, Wrist, & Hand Procedure Summary last updated 2/18/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging.

Decision rationale: ACOEM states, 'For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury'. ODG states for a wrist MRI "Indications for imaging -- Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury) Chronic wrist pain, plain films normal, suspect soft tissue tumor Chronic wrist pain, plain film normal or equivocal, suspect Kienbck'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 treating physician has provided no evidence of red flag diagnosis (from ODG above), there is no mention of any concerning diagnosis and the available records discuss differences between wrists but they are not objectively documented and we have only the subjective patient statements regarding change in pain level. Further there is noted in the records a improvement from physical therapy. Given the available records we cannot ascertain whether conservative therapy has failed. So, the above ODG and ACOEM criteria for an MRI Of the wrist are not met and the request for MRI RIGHT WRIST is deemed not medically necessary.