

Case Number:	CM14-0011179		
Date Assigned:	02/21/2014	Date of Injury:	12/11/2013
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/28/2014

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 Medicine, and is licensed to practice in California. 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 patient is a 44-year-old female who has submitted a claim for right wrist sprain associated with an industrial injury date of December 11, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of diffuse right wrist pain. Physical examination showed mild to moderate tenderness over the dorsal aspect of the scapholunate interval and grip strength of 40 on the right compared to 60 on the left. Xray of the right hand done last January 14, 2014 showed no evidence of fracture or dislocation. Treatment to date has included splinting, NSAIDs, and opioids. Utilization review from January 20, 2014 denied the request for MR arthrogram of the right wrist due to lack of information regarding other aspects of therapy tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: According to the ACOEM Practice Guidelines referenced by CA MTUS, MRI of the wrist and hand is recommended to diagnose triangular fibrocartilage complex

(TFCC) tears; for follow-up of select patients with crush injuries or compartment syndrome; to diagnose Kienbck disease; for diagnosis of occult scaphoid fracture when clinical suspicion remains high despite negative x-rays; and to diagnose suspected soft tissue trauma after x-ray images confirm a complex displaced, unstable, or comminuted distal forearm fracture. In this case, the patient is diagnosed with right wrist sprain, rule out ligamentous injury. X-ray of the right hand done last January 14, 2014 showed no evidence of fracture or dislocation. However, rationale for requesting the MRI was not stated. Recent progress notes reported decrease in symptoms since the injury and that the patient was able to go back to work. There were no reports of progression and persistence of symptoms despite conservative treatment. In addition, there was no discussion regarding possible TFCC tear, Kienbck disease, occult scaphoid fracture, or previous fracture. Therefore, the request for magnetic resonance of the right wrist is not medically necessary.