

Case Number:	CM14-0012228		
Date Assigned:	02/21/2014	Date of Injury:	02/25/2013
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

This is a 54-year-old male patient with a 2/15/13 date of injury. The 7/18/13 progress report indicates persistent pain especially in the first web space and limited motion in wrist flexion and extension. The physical exam demonstrates approximately 65 degrees of pronation and 30 degrees of supination. 8/29/13 progress report indicates persistent left wrist pain. The 10/28/13 progress report indicates persistent left wrist pain. The 11/21/14 progress report indicates persistent left hand pain. The CT exam demonstrates decreased supination. The 12/11/13 progress report indicates that left wrist CT scan demonstrated ulnar impaction syndrome. The 12/31/13 left wrist MRI demonstrates chronic posttraumatic and postsurgical changes with cartilage fissuring particularly notable along the lunocapitate articulation. The treatment to date has included medication, psychotherapy, left wrist injection, activity modification. The patient underwent left wrist radioscapholunate fusion on 4/19/14 status post a severe distal radius fracture that was treated and a sub-acute fashion. The patient has also had a procedure for his left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, MRI.

Decision rationale: The MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. However, the patient has reportedly undergone a recent left wrist CT that revealed findings consistent with ulnar impaction syndrome. It remains unclear how MRI findings would alter the further course of diagnostic and therapeutic management with a chronic injury and no specific suspected soft tissue pathology. There is no evidence of red flags. A discussion as to why CT findings would be insufficient was not identified. Lastly, it is unclear whether this is a retrospective request for the left wrist MRI obtained on 12/31/13 or a request for a repeat study. Therefore, the request for Magnetic Resonance Imaging (MRI) of left wrist was not medically necessary.