

Case Number:	CM14-0110111		
Date Assigned:	08/01/2014	Date of Injury:	05/17/2013
Decision Date:	10/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 44-year-old female who reported an injury on 05/17/2013 due to a breaking glass, when one of the bottles hit the right wrist, there was immediate pain to right wrist, pain increased due to computer use and overuse of the right hand at work. The injured worker complained of right wrist pain. The diagnoses included radial styloid tenosynovitis of the right wrist, rotator cuff sprain/strain of the right shoulder, medial epicondylitis of the right elbow, and lateral epicondylitis of the right elbow. Past treatments included physical therapy, injections, and medication. The physical examination of the right wrist, dated 04/02/2014, revealed small linear discoloration at the lateral right wrist, spasms and tenderness to the right anterior wrist, right posterior extensor, tendons, and lateral wrist; flexion 35/85 and extension 28/80; Tinel's was positive on the right and Finkelstein's was positive on the right. There were no diagnostics available for review. The treatment plan included postoperative stage of therapy and an MRI 3D of the right wrist. The Request for Authorization dated 08/01/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 3D (3 Dimensions) 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 (updated 02/18/14), 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, MRI's (magnetic resonance imaging)

Decision rationale: The request for MRI 3D (3 Dimensions) of the right wrist is not medically necessary. The California MTUS/ACOEM does not address. The Official Disability Guidelines recommend as indicated below. While criteria for which patients may benefit from the addition of an MRI may not have been established, in selected cases, there has been high clinical suspicion of a fracture despite normal radiographs. Acute hand or wrist trauma, suspect acute distal fracture, radiographs normal, next procedure of immediate confirmation or exclusion of a fracture is required. Acute hand or wrist trauma, suspect acute scaphoid fracture. Radiographs normal, next procedure if immediate confirmation or exclusion of the fracture is required. Acute hand or wrist fracture, suspect gamekeeper's injury. Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. The clinical notes were not evident that the injured worker met the criteria of the guidelines. As such, the request is not medically necessary.