

Case Number:	CM14-0156724		
Date Assigned:	09/26/2014	Date of Injury:	07/10/2006
Decision Date:	10/28/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57-year-old female who reported injury on 07/10/2006 reportedly when she tripped over a medical cart and suffered contusion injuries to her left leg, including her hips, knee and lower extremities, both wrists, hands as well as back sprain injury. The injured worker's treatment history included lumbar epidural injections, CT blocks, x-ray studies, medications, and TENS unit. The injured worker was evaluated on 08/21/2014 and it was documented that the injured worker was walking outside when her left knee gave out causing her to fall to the cement sidewalk. She fell to the right side and extended her right arm to break her fall. When she landed, she felt a sharp pain in her wrist and quickly placed out her left arm and wrist. The provider noted that the injured worker had x-rays of her right forearm, hand and right wrist. It was noted that the injured worker was told she had fractured her right wrist. However, those x-ray results were not submitted for this review. Physical examination of the bilateral hands/wrists noted a Tinel's sign that was positive. Fusiform tenderness was present without specific swelling. Reflex testing of the upper extremity was graded +2 normal. Biceps of the right wrist was +2, triceps +2, and brachioradialis was a +2. There was no sign of wrist instability noted. Motor power was inhibited by forearm pain. Range of motion of the right wrist dorsiflexion was 65 degrees, palmar flexion was 70 degrees, ulnar deviation was 40 degrees, and radial deviation was 20 degrees. The injured worker had taken x-rays of the bilateral wrists that revealed no fracture or dislocation. Diagnoses included L4-5 and L5-S1 disc herniation, left knee internal derangement with crepitus, right knee pain, internal medicine problems, anxiety and depression, sleep difficulty, and bilateral hand/wrist tenosynovitis. The request for authorization dated 08/21/2014 was for 1 single positional MRI scan of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 single positional MRI scan of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for MRI, right wrist is not medically necessary. The American College of Occupational and Environmental Medicine state that special studies for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4-6 week period of conservative care and observation. Most patients improve quickly provided any red flag conditions are ruled out. If symptoms have not resolved in 4-6 weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggests specific disorders. The documents submitted for review indicate the injured worker had an x-ray of the right wrist on 08/21/2014 that revealed fracture and dislocation. As such, the request for 1 single positional MRI scan of the right wrist is not medically necessary.