

Case Number:	CM14-0163786		
Date Assigned:	10/08/2014	Date of Injury:	07/23/2013
Decision Date:	12/03/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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:

Patient is a 30 year-old female with date of injury 07/23/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/11/2014, lists subjective complaints as bilateral wrists. 02/11/2014 electrodiagnostic studies revealed very mild early ulnar neuritis at the wrist and no evidence of carpal tunnel syndrome or radial neuropathy. Objective findings: Examination of the right wrist revealed instability of the distal radioulnar joint with crepitus and pain. There was increased pain overlying the right ulnar wrist with resistance to both pronation and supination. Diagnosis: 1. Chronic severe right ulnar pain with distal radioulnar joint instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram for the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm and Wrist Chapter, Head Chapter

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 (Acute & Chronic), Radiography

Decision rationale: The Official Disability Guidelines state that when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as an expanded series of special views or fluoroscopic spot films; or may include tomography, arthrography, bone scintigraphy, computed tomography (CT), or magnetic resonance (MR) imaging. In the case of this patient, the physical exam and history suggest instability due to a possible ligamentous tear. MRI Arthrogram for the right wrist is medically necessary. I am reversing the previous utilization review decision.