

Case Number:	CM14-0020942		
Date Assigned:	04/30/2014	Date of Injury:	10/22/2010
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 50-year-old male who was injured on October 22, 2010. The patient continued to experience pain in his right upper extremity. Physical examination was notable for diffuse irritability to the right cubital tunnel, with minimally positive Tinel sign to the right carpal tunnel. Treatment included medications, wrist splints and modified duty. Request for authorization for MRI of the right wrist was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ON THE RIGHT WRIST: Upheld

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

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

Decision rationale: Per ACOEM, MRI of the forearm wrist, or hand is unlikely to identify or define pathology unless infection is present. Per ODG, MRI of the wrist is recommended for the following indications: 1) Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. 2) Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs

normal, next procedure if immediate confirmation or exclusion of fracture is required. 3) Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). 4) Chronic wrist pain, plain films normal, suspect soft tissue tumor. 5) Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease. In this case the patient has no suspicion of infection, soft tissue tumor or Kienbock's disease and the wrist injury is not acute. There is no indication for the MRI. The request is not medically necessary and appropriate.