

Case Number:	CM14-0032449		
Date Assigned:	06/20/2014	Date of Injury:	08/13/2009
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 08/13/2009. The mechanism of injury was not provided for clinical review. The diagnoses included a triangular fibrocartilage complex tear, and right shoulder tendinopathy. Previous treatments include an MRI completed in 03/2012, x-rays, and a cortisone injection. Within the clinical note dated 02/12/2014, it was reported the injured worker complained of right shoulder discomfort, as well as right wrist pain. Upon the physical examination, the provider noted a positive impingement sign, negative drop arm sign, and tenderness over the anterolateral aspect of the shoulder. The provider noted abduction at 120 degrees, and flexion at 130 degrees. The provider noted the injured worker to have pain directly over the dorsal ulnar forearm region. He noted the injured worker to have no gross signs of piano keying. The provider requested an MRI of her right wrist. However, a rationale is not provided for review. The Request for Authorization was provided and dated 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upper extremity without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Complaints, MRI.

Decision rationale: The request for MRI joint upper extremity without dye is not medically necessary. The injured worker complained of right shoulder discomfort and right wrist pain. The California MTUS/American College of Occupational and Environmental Medicine states for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4- to 6-week period of conservative care and observation. However, the Official Disability Guidelines recommend MRIs with acute hand or wrist trauma, suspected acute distal radius fracture, normal radiographs, next procedure if immediate confirmation or exclusion of fracture is required; and acute hand or wrist trauma, suspected acute scaphoid fracture, radiographs are normal; an acute hand or wrist trauma, suspected gamekeeper injury, chronic wrist pain, plain films are normal; suspect of a soft tissue tumor, or equivocal, suspect of Kienbck's disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation indicating the injured worker to have a radius fracture. There was a lack of documentation indicating the provider suspects an acute scaphoid fracture, a gamekeeper injury, or a soft tissue tumor. The clinical documentation submitted indicated the injured worker had an MRI in 03/2012 and there was a lack of information provided detailing a significant change in condition to support the necessity of the request. Therefore, the request for an MRI joint upper extremity without dye is not medically necessary.