

Case Number:	CM14-0032608		
Date Assigned:	06/20/2014	Date of Injury:	03/30/2012
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
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 Orthopedic Surgery 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:

This is a 37 year old female claimant with industrial injury reported as 3/30/12. Claimant with reported complaints of 2/10/14 of increased pain and swelling in the volar wrist. Examination from 2/10/14 demonstrates tenderness over the flexor carpi ulnaris tendon and normal range of motion. No report demonstrating any swelling, effusion or crepitus on examination. No radiographic reports are submitted of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition: chapter Forearm, Wrist and Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI wrist.

Decision rationale: The CA MTUS/ACOEM page 269, states that wrist/hand imaging may be appropriate, Imaging studies to clarify the diagnosis may be warranted if the medical history and

physical examination suggest specific disorders. The Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to eval for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to eval for Kienbocks's disease. In this case there is no red flag indications from the exam note from 2/10/14 for MRI and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition no plain radiograph findings are documented in this case. Therefore the determination is not medically necessary.