MAXIMUS Federal Services

Case Number:	CM14-0043852		
Date Assigned:	07/02/2014	Date of Injury:	10/16/2013
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 Nevada. 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 records presented for review indicate that this 54 year-old female was reportedly injured on October 16, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 27, 2014, indicates that there are ongoing complaints of left wrist pain. The physical examination demonstrated tenderness to palpation and a slightly reduced wrist range of motion. Diagnostic imaging studies objectified include a previous MRI documenting a triangular fibrocartilage complex (TFCC) lesion. Previous treatment includes multiple medications, physical therapy, and an MRI of the left wrist. A request had been made for an MRI of the left wrist and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR Arthrogram of the left wrist with external coil: 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 in Workers Compensation, Online edition. Chapter: Forearm, Wrist & Hand; Arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: As outlined in the MTUS, at times there is a clinical indication for wrist arthrogram however, in this particular case the pathology has been objectified on plain MRI. There is nothing in the progress notes presented to suggest the need for a contrast flow study to complete the diagnosis or outline an appropriate treatment plan. Therefore, based on the lack of clinical information tempered by the parameters noted in the ACOEM, there is no medical necessity established for the study. Therefore, the request is not medically necessary.