

Case Number:	CM14-0048575		
Date Assigned:	06/25/2014	Date of Injury:	10/28/2013
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 Hand Surgery and is licensed to practice in Texas. 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 29-year-old male who reported an injury on 12/29/2013 after a fall. The injured worker reportedly sustained an injury to his right wrist. The only evaluation submitted for review was dated 07/17/2014. It was documented that the injured worker had persistent pain complaints of the wrist. The injured worker underwent an x-ray that revealed no acute bony abnormalities. The injured worker was diagnosed with a right wrist strain. The injured worker's treatment plan at that time included medications and immobilization. The request was made for a magnetic resonance imaging for the right wrist. However, no justification was provided for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guideline Forearm, Wrist and hand (updated 02/18/14) MRI's (Magnetic Resonance Imaging) indications for imaging- Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand Chapter, MRI.

Decision rationale: The requested Magnetic resonance imaging of the right wrist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not address an imaging study beyond the acute phase of an injury. The Official Disability Guidelines recommend MRIs for wrist injuries when there is suspicion of a soft tissue tumor or Kienbock's disease. The clinical documentation does not provide any recent evaluation to support red flag conditions that would require a diagnostic study. There is no documentation of interim treatment or conservative therapy that has failed to resolve the injured worker's symptoms. Therefore, the need for an imaging study is not supported in this clinical situation. As such, the requested Magnetic resonance imaging of the right wrist is not medically necessary or appropriate.