MAXIMUS Federal Services

Case Number:	CM14-0052875		
Date Assigned:	09/05/2014	Date of Injury:	07/29/2013
Decision Date:	10/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 65-year-old male who reported an injury on 07/29/2003 due to a closed head injury he received while working for [redacted]. The injured worker has diagnoses of minimally displaced intra-articular distal radius and ulnar styloid fractures, left wrist; closed head injury with consciousness; bilateral shoulder injuries with stiffness and weakness; severe disability of left hand with no evidence of significant function involving the left hand; bilateral mild median nerve neuropathy at the wrist, right worse than left; and improvement in function of left wrist and hand with aggressive hand therapy. Past medical treatment consists of physical therapy, vestibular therapy, and medication therapy. On 02/07/2014, the injured worker underwent an EMG/NCV. On 03/31/2014, the injured worker complained of left wrist and hand pain. It was noted on physical examination that the injured worker had mild swelling of the left hand and wrist. He had moderate limitation of range of motion of the left wrist. The injured worker had tenderness over the distal radius on the left side and the ulnar styloid on the left side. The injured worker showed good range of motion on the right wrist. He also had good range of motion of all MP and IP joints of the distal of all digits of the right hand. His MP (metacarpophalangeal) and IP (interphalangeal) joint range of motion was remarkably limited in the left hand in all digits. He had mild to moderate tenderness at the CMC (carpalmetacarpal) joint at the base of the left thumb with no tenderness on the right side. His pronation and supination were limited to 45 degrees each on the left side compared to 80 degrees each on the right side. The treatment plan was for the injured worker to undergo an MRI with no contrast of the left wrist. The documentation indicated that the injured worker had significant improvement of the left hand due to therapy. The rationale is unclear. The Request for Authorization form was submitted on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with no contrast, left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG 2011: Forearm, Wrist & Hand

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

Decision rationale: The request for MRI with no contrast of the left wrist is not medically necessary. ACOEM Guidelines indicate there is to be unequivocal objective findings that identify specific nerve compromise on the neurological exam. Sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. The submitted reports indicated that the injured worker was within normal limits on physical examination regarding the left wrist. It was also documented in the report that the injured worker had much improvement due to physical therapy. The Guidelines stipulate that there is to be an MRI if there have been unequivocal objective findings that identify specific nerve compromise. There was no evidence of any substantial changes to the injured worker's left wrist. Furthermore, the report lacked any concrete evidence as to why an MRI was warranted. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for an MRI is not medically necessary.