

Case Number:	CM14-0074440		
Date Assigned:	07/16/2014	Date of Injury:	05/07/2010
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation 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:

The patient is a 54 year old female who was injured on 05/07/2010 when she was moving a rack. Prior medication history included Topamax, Depakote and Advil. 4/22/14 Doctors first report by [REDACTED] was hand written and partially illegible. Patient complains ankle hurt, 3rd metatarsal problem, fell on left wrist, left wrist contusion, s/p left dorsal/ volar ganglion. Treatment include evaluation, x-rays, measurements. Further treatment plan include F/U appointment 4 weeks, EMG/NCV UE, MRI L spine, L wrist/handRFA from 4/28/14 by [REDACTED] requested MRI of left wrist and left hand for left wrist contusion and s/p dorsal ganglion. Peer review dated 05/05/2014 states the patient presented with diagnoses of third metatarsal fracture on the right foot; right ankle sprain; and lumbar spine, left knee and left ankle strain/sprain with ganglion cyst of the left wrist with left trigger thumb. She reported her pain as constant and aching to sharp pain in the right side of the mid and low back. She rated her pain as a 7-8/10. The patient has a diagnosis of left trigger thumb. Prior utilization review dated 05/07/2014 by [REDACTED] states the request for MRI of the left hand/wrist is denied as there is a lack of evidence to support the request because there is no clear indication or clinical examination to support a significant wrist injury. Patient had arthroscopic ankle surgery with ligament reconstruction. 1/22/13 wrist arthroscopy and debridement was performed. Prior AME evaluation felt that the condition involving the wrist was non-industrial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hand/wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS/ACOEM guidelines have no recommendation for or against the use of MRI. ODG guidelines described the following criteria for wrist MRI: a high clinical suspicion of a fracture despite normal radiograph, MRI may prove helpful, chronic wrist pain, triangular fibrocartilage and intraosseous ligament tears, occult fractures, avascular neurosis, miscellaneous other abnormalities, inflammatory arthritis. The 4/22/14 Doctors first report by [REDACTED] did not provide enough clinical information to meet the guideline criteria above. Therefore, this request is not medically necessary.