MAXIMUS Federal Services

Case Number:	CM14-0194162		
Date Assigned:	12/01/2014	Date of Injury:	02/10/2012
Decision Date:	04/06/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Indiana
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old male, who sustained an industrial injury on 2/0/2012. The mechanism of injury was not noted. The diagnoses have included other affections of shoulder region, not elsewhere classified. Treatment to date has included surgical status post open reduction and internal fixation right elbow, date unspecified) and conservative measures. On 10/10/2014, the injured worker complained of ongoing pain to the right wrist, elbow, and shoulder, rated 6-7/10 without medication. Tenderness was noted in the right shoulder, right elbow, and in the right wrist. Magnetic resonance imaging of the right wrist and shoulder was requested to rule out ligament tear and rotator cuff tear. Medications included Tramadol, Naproxen, and Prilosec. The PR2 report, dated 5/7/2014, referenced positive Electromyography/ Nerve Conduction Studies (10/17/2013), as showing right ulnar nerve neuropathy. On 10/29/2014, Utilization Review non-certified a request for magnetic resonance imaging of the right wrist, noting the lack of compliance with ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and Hand, Magnetic Resonance Imaging.

Decision rationale: ACOEM states: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: In cases of wrist injury, with snuff box (radial-dorsal wrist) tenderness, but minimal other findings, a scaphoid fracture may be present. Initial radiographic films may be obtained but may be negative in the presence of scaphoid fracture. A bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury. ODG states for a wrist MRI Indications for imaging Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, plain films normal, suspect soft tissue tumor; Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The treating physician has provided no evidence of red flag diagnosis and has not met the above ODG and ACOEM criteria for an MRI Of the wrist. As such, the request for MRI RIGHT WRIST is not medically necessary.