MAXIMUS Federal Services

Case Number:	CM14-0209853		
Date Assigned:	12/22/2014	Date of Injury:	11/26/2014
Decision Date:	02/18/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 51 year old male with an injury date on 11/26/14. The patient complains of right wrist pain that is constant, achy, and mild to moderate in intensity per 12/2/14 report. The patient was opening a window and it stopped abruptly, bending his wrist backwards/sideways per 12/2/14 report. The pain is described as acute in its onset, as the patient injured it a week prior per 12/2/14 report. The patient also reports clicking and swelling of the right wrist per 12/1/14 report. The patient's pain is worsening overall, and the pain is aggravated by grasping and by movement per 12/1/14 report. Based on the 12/2/14 progress report provided by the treating physician, the diagnosis is wrist pain (new problem). A physical exam on 12/2/14 showed "wrist (right) mild swelling, no eccymosis, no erythema, no visible structural defects." The patient's treatment history includes medications (Naproxen Sodium to start 12/2/14), home exercise program (5 days a week, weight training), cryotherapy, and is currently working full time. The treating physician is requesting MRI arthrogram right wrist. The utilization review determination being challenged is dated 12/9/14. The requesting physician provided treatment reports from 12/1/14 to 12/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram 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 Guidelines, Integrated Treatment/Disability Duration Guidelines; Forearm, Wrist, & Hand (Acute & Chronic), page 29

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/hand chapter, MRI.

Decision rationale: This patient presents with right wrist pain. The treater has asked for MRI arthrogram right wrist on 12/2/14. The patient is doing a 3-view X-ray (AP/Lat/Oblique) on 12/2/14 report. Review of the reports show no prior X-ray reports of the wrist. For chronic wrist pain, there has to be a suspicion of of tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-ray. There are no discussions as to whether or not ligamental tears/instability is an issue. Just routinely ordering an MRI to address pain is not recommended. For chronic wrist pain, there has to be a suspicion of a tissue tumor, Kienbock's disease or gamekeeper injury per ODG guidelines, as well as a negative X-ray. In this case, the patient is status/post-acute wrist pain from an injury a week ago. As the injury was only a week ago, the treater is requesting an MRI before the X-ray results have been evaluated which is not in accordance with ODG guidelines. The request is not medically necessary.