

Case Number:	CM14-0215197		
Date Assigned:	01/02/2015	Date of Injury:	07/01/2013
Decision Date:	07/27/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Florida, California

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 67 year old female who sustained an industrial injury on 7/1/13. She had complaints of pain in her left wrist, back, feet and hands. She was diagnosed with a left wrist fracture. Treatments include medication, physical therapy, chiropractic care and left wrist surgery. Qualified medical evaluation dated 4/14/15 referenced a progress note dated 12/3/14 which states injured worker with continued pain in low back radiating down left leg and bilateral wrist pain. Diagnoses include: lumbar sprain and strain, left wrist fracture post op, right wrist tenosynovitis and right shoulder tendinitis. Plan of care includes: request for MRI of left wrist, upper extremity EMG/NCV and lumbar epidural. Work status is no lifting over 10 pounds, no repetitive bending or stooping, no repetitive use of left hand. Follow up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, wrist, MRI.

Decision rationale: This claimant was injured in 2013. There is pain in her left wrist, back, feet and hands. She was diagnosed with a left wrist fracture. Treatments included medication, physical therapy, chiropractic care and left wrist surgery. A qualified medical evaluation dated 4/14/15 referenced a progress note dated 12/3/14 which stated there was still low back radiating down left leg and bilateral wrist pain. Diagnoses include: lumbar sprain and strain, left wrist fracture post op, right wrist tenosynovitis and right shoulder tendinitis. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding MRI of the wrist, the ODG notes: Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful. (ACR, 2001) 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 Kienbck'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. (Mays, 2008) In this case, the criteria and the normal plain x-rays are not noted. The request is not medically necessary, as criteria are not met.