

Case Number:	CM14-0072179		
Date Assigned:	04/21/2015	Date of Injury:	10/11/2013
Decision Date:	05/19/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 43 year old female, who sustained an industrial injury on October 1, 2013. She reported wrists strained and painful from repeatedly lifting children. The injured worker was diagnosed as having sprain or strain of the wrist. Treatment to date has included x-ray, occupational therapy, and medication. Currently, the injured worker complains of pain of the left volar, ulnar aspect, with right wrist generally feeling fine. The Primary Treating Physician's report dated March 4, 2014, noted the radiologic examination of the left wrist was normal and the radiologic examination of the right wrist showed mild carpometacarpal (CMC) degenerative joint disease. The treatment plan was noted to include request for authorization for a MRI of the left wrist to clarify the injured worker's diagnosis, provide objective evidence of injury, to rule in/out TFCC tear, and to evaluate the anatomy prior to consideration for surgical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left 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.

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

Decision rationale: Guidelines recommend MRI to diagnose triangular fibrocartilate complex tears, acute hand/wrist trauma, suspect acute distal radius fracture with a normal x-ray, suspect acute scaphoid fracture (normal x-ray), chronic wrist pain with suspicion of soft tissue tumor. Repeat MRI is not routinely recommended unless there is a significant change in symptoms. In this case, the patient has completed minimal conservative treatment consisting of three occupational therapy visits. The request for MRI wrist is not medically appropriate and necessary.