

Case Number:	CM15-0006078		
Date Assigned:	01/26/2015	Date of Injury:	06/28/2014
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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, Tennessee
 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 47 year old male, who sustained an industrial injury on 6/28/14. He has reported left arm, back and knee injury. The diagnoses have included left arm fracture. Treatment to date has included ibuprofen, topical medication and splint to left wrist. X-rays and (CT) computerized tomography scan revealed left wrist fracture. Currently, the IW complains of sharp lower back pain, right wrist pain and left knee pain intermittently. On exam, no deformity is noted to the left wrist and the extensor surface is tender on examination. On 12/22/14 Utilization Review non-certified (MRI) magnetic resonance imaging of left wrist, noting the clinical records documented prior radiographs of left wrist reportedly showing non-displaced fracture of radius, repeat radiographs of left wrist should be obtained prior to (MRI) magnetic resonance imaging. The ODG was cited. On 1/6/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, Forearm, Wrist & Hand (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand: MRI's (magnetic resonance imaging)

Decision rationale: Indications for MRI of the wrist are as follows:- 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. In this case the patient has minimal pain and no swelling in his wrist. In addition there is a known fracture of the distal radius. MRI of the wrist is not indicated. The request should not be authorized.