MAXIMUS Federal Services

Case Number:	CM15-0140507		
Date Assigned:	07/30/2015	Date of Injury:	02/07/2015
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 60 year old male, who sustained an industrial injury on 2-7-2015. He reported his left arm was caught in the rollers on a mixer machine subsequently resulting in fractures of both upper arm bones requiring Open reduction and Internal Fixation (ORIF). Diagnoses include left forearm severe crush injury with closed ulna and radius fractures, status post ORIF, left forearm possible radial ulnar synostosis, left elbow contracture, loss of motion, possible reflex sympathetic dystrophy and left shoulder pain. Treatments to date include medication therapy, physical therapy, and wrist brace. Currently, he complained of pain in the left wrist and hand, as well as neck, left shoulder and left forearm, associated with numbness in the left hand. On 6-8-15, the physical examination documented decreased range of motion in the left wrist and forearm, tenderness and decreased sensation in the left upper extremity. The plan of care included obtaining an MRI of the cervical spine. The appeal requested authorization of the MRI, left wrist without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left wrist without contrast: 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 Page(s): 268-272.

Decision rationale: The MTUS Guidelines do not recommend the use of MRI as a routine evaluation tool for wrist injuries as most recover quickly and can be diagnosed without imaging. In the absence of red flags, conservative therapy should be utilized for 6-8 weeks prior to imaging or special tests are considered. There is no evidence of red flags on physical examination or in the available documentation. The rationale for requesting a wrist MRI is not included. The request for magnetic resonance imaging (MRI) of the left wrist without contrast is not medically necessary.