

Case Number:	CM15-0140664		
Date Assigned:	07/30/2015	Date of Injury:	06/06/2011
Decision Date:	08/27/2015	UR Denial Date:	07/06/2015
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: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female who sustained an industrial injury on 06-06-2011. Mechanism of injury was a fall, injuring her right wrist, knee and ankle pain. Diagnoses include right wrist pain, right knee pain and left ankle pain. Treatment to date has included diagnostic studies, medications, status post right knee meniscus repair on 07-11-2012, physical therapy, and chiropractic sessions. A bone scan of the right wrist done on 07-01-2014 revealed uptake at the base of the left first metacarpal which would be consistent with a small periosteal contusion or be otherwise traumatic in nature. On 12/18/2014, x-rays of the right wrist showed mild neutral articular tilt of the distal radius with distal radial metaphyseal subtle sclerosis and dorsal ossification of the distal radial metaphysis consistent with an old fracture. She continues to work full duty. A physician progress note dated 06-15-2015 documents the injured worker complains of right wrist pain. She rates her pain as 2 out of 10 on a scale of 0-10. The symptoms are present 100% of the time. She describes her pain as aching, and pain radiates down the right. Symptoms are aggravated by activities. She rates her knee pain as 3 out of 10 on the pain scale, and symptoms are present 51-75% of the day, and she describes her pain as achy and throbbing and symptoms radiate down the right. She has ankle pain that she rates as 5 out of 10. The symptoms are constant, and pain is described as burning and throbbing and the symptoms radiate down the left. There is tenderness to palpation over the right wrist, right knee and left ankle. Finkelstein and Tinel's test are positive on the right. She has positive right wrist Phalen's, reverse Phalen's and Tinel's test and there is moderate swelling present. Treatment requested is for a Magnetic Resonance Imaging of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, and Wrist, and Hand and Carpal Tunnel Syndrome Chapters.

Decision rationale: Regarding the request for MRI of the wrist, California MTUS and ACOEM note that imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. More specifically, ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electro diagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienbck's disease. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. Additionally, no physical exam findings suggesting serious pathology have been identified. In the absence of such documentation, the currently requested MRI of the wrist is not medically necessary.