

Case Number:	CM15-0142035		
Date Assigned:	07/31/2015	Date of Injury:	10/20/2014
Decision Date:	08/28/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 26 year old female who sustained an industrial injury on 10-20-2014. Mechanism of injury was a fall. Diagnoses include wrist pain and disorder of muscle-ligament-fascia. Treatment to date has included diagnostic studies, medications, status post right triangular fibrocartilage complex tear surgery on 02-20-2015, wrist brace, physical therapy, and activity modification. On 12-03-2014 a Magnetic Resonance Imaging of the right wrist showed dorsal ulnar subluxation with severe sprain or partial tearing of the radio-ulnar ligaments and probable tear of the ulnomeneiscal homologue. A physician progress note dated 07-09-2015 documents the injured worker complains of sharp and stabbing pain in the right wrist. She describes her pain as moderate to severe. Snapping, swelling and weakness is noted. On palpation there was severe tenderness on the ulnar side of the wrist and the extensor carpi ulnaris (ECU) tendon sheath. There was some instability of the ECU at the distal ulna. The treatment plan includes Ibuprofen. Treatment requested is for 1 MRI arthrogram with intra-articular gadolinium.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI arthrogram with intra-articular gadolinium: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

Decision rationale: According to the guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. In this case, the claimant already had an MRI, which indicated level of tear, and there was mention of surgical debridement or tendon repair. The request was made by the orthopedic physician. Due to persistent pain and failed prior treatments as well as request from a specialist, the Arthrogram is appropriate.