

Case Number:	CM15-0165655		
Date Assigned:	09/03/2015	Date of Injury:	09/12/2011
Decision Date:	10/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: Hawaii, California, Iowa

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:

This is a 60 year old female who has reported widespread pain after falling on September 12, 2011. The diagnoses have included knee contusions, spine strains, should impingement, ankle sprain, elbow arthralgia, and rule-out internal derangement of the wrists. Treatments have included medications, physical therapy, and injections. The current treating physician first evaluated this injured worker on 4/6/15 or 4/6/14 (the report lists both dates). At that time, she was reporting widespread pain attributed to the 2011 injury. The wrists were reportedly improved with only infrequent pain, weakness, and paresthesias. The wrist exam was normal other than tenderness of the flexor and extensor creases. Radiographs were normal. Wrist MRIs were requested to "rule out underlying pathology". A treating physician prescription for multiple MRIs appears to be dated 4/6/15. No indications were given for the wrist MRIs. The Request for Authorization of 6/11/15 included wrist MRIs. Apparently attached to this Request for Authorization was a checkbox list of MRI requests, with various checkboxes containing indications for MRIs. For the wrists, the ACOEM Guidelines were checked, stating that an MRI was indicated for TFCC tears. Per the PR2 of July 27, 2015, there was ongoing low back, neck, shoulder, ankle, and abdominal pain. The wrists were tender diffusely. No further details were provided regarding the wrists. Multiple MRIs were prescribed, including the wrists. The diagnosis for the wrists was "rule out internal derangement of both wrists". On 8/4/15 Utilization Review non-certified the wrist MRI, noting the lack of specific indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, hand, wrist chapter; MRI's.

Decision rationale: The Official Disability Guidelines, in the citation above, recommend an MRI for chronic wrist pain as follows: "Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease." The treating physician has not presented or discussed these conditions. The MTUS discusses wrist imaging in the citation above. The specific historical details of any wrist symptoms are not described sufficiently. The treating physician has stated that the wrist symptoms have improved and are only infrequent. There were no signs of significant pathology clinically and the radiographs were normal. The only positive physical findings at the wrist were non-specific tenderness, which is not an indication for an MRI. Per page 268-269 of the ACOEM Guidelines, special studies are not needed until after a 4-week period of conservative care. Common tests are listed, with indications. Specific care for the wrist was not described adequately. The treating physician has not provided sufficient indications for any imaging test, including an MRI. One treatment request listed a TFCC tear as an indication for an MRI but no specific evidence for a TFCC tear was given for this injured worker. The wrist MRI is not medically necessary based on the lack of sufficient indications and the cited guidelines.