

Case Number:	CM15-0204606		
Date Assigned:	10/21/2015	Date of Injury:	06/15/2014
Decision Date:	12/02/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 25 year old female, who sustained an industrial injury on 6-15-2014. The injured worker is being treated for chondromalacia of the left lunate bone, status post comminuted fracture of the left lunate with evidence of scapholunate collapse and rule out internal derangement. Treatment to date has included surgical intervention (left wrist radial shortening osteotomy with bone grafting on 3-18-2015), physical-occupational therapy and medications. Per the Primary Treating Physician's Progress Report dated 9-30-2015, the injured worker reported left wrist pain rated as 6 out of 10 and right wrist pain due to overcompensation also rated as 6 out of 10. Objective findings included wrist tenderness and tissue swelling over the lunate bone of the left wrist. X-rays of the bilateral wrists revealed "no change." The notes from the provider do not document efficacy of the current treatment. Work status was to remain off work. The plan of care included magnetic resonance imaging (MRI) of the right wrist, medications, occupational therapy and a Futuro brace was given. Authorization was requested on 9-21-2015 for MRI of the right and left wrists, office consultation and physical therapy. Authorization was requested on 10-01-2015 for MRI of the right wrist to rule out TFCC tears. On 10-08-2015, Utilization Review non-certified the request for MRI of the right and left wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the wrist. The records document a physical exam with pain in the wrist but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The worker already had a diagnosis of carpal tunnel syndrome. The medical necessity of a wrist MRI is not substantiated in the records, therefore is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the wrist. The records document a physical exam with pain in the wrist but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The worker already had a diagnosis of carpal tunnel syndrome. The medical necessity of a wrist MRI is not substantiated in the records, therefore is not medically necessary.