

Case Number:	CM15-0206653		
Date Assigned:	10/23/2015	Date of Injury:	01/22/2012
Decision Date:	12/07/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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

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 46 year old female who sustained an industrial injury on 1-22-2012. A review of medical records indicates the injured worker is being treated for extremity pain and wrist pain. Medical records dated 9-22-2015 noted minimal use of left hand and or no use of left hand. Physical examination noted range of motion was restricted. There was tenderness to palpation noted over the radial side, ulnar side and TFCC. MRI of the left wrist dated 4-17-2012 revealed bone marrow edema involving the scaphoid. Treatment has included anti-inflammatories, splinting, and analgesics. Utilization review form dated 10-1-2015 noncertified MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist/Hand.

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

Decision rationale: Review indicates the patient had normal x-rays of the wrist in 2013; however, MRI of the left wrist on 3/26/13 showed perforated of the TFCC. The patient is s/p diagnostic arthroscopy with bone graft 8/22/13. Repeat left wrist MRI on 4/28/14 showed cyst, questionable partial tear of scapholunate, attenuated radial margin of the TFC articulating disc, and subluxed ECU tendon. A second opinion was obtained and the provider has now requested for repeating the MRI. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure have been demonstrated with continued symptom complaints and clinical limitations. Physiologic evidence may be in the form of definitive neurologic findings on physical examination as noted here. Unequivocal findings that identify specific nerve compromise or instability on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Review of submitted medical reports has adequately demonstrated the indication for the MRI with exam findings and previous remarkable 2014 MRI findings of subluxation. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the left wrist is medically necessary and appropriate.