

Case Number:	CM15-0207947		
Date Assigned:	10/26/2015	Date of Injury:	11/18/2014
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

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 48 year old male, who sustained an industrial injury on November 18, 2014. He reported a head injury with a fall. The injured worker was currently diagnosed as having cervical disc herniation without myelopathy, post concussion syndrome and carpal sprain and strain of the right wrist. Treatment to date has included diagnostic studies, medication and work hardening sessions. On June 1, 2015, notes stated that MRIs were taken of his head, bilateral shoulders, neck and right wrist. It is unclear when the testing was performed. On September 3, 2015, the injured worker complained of constant severe right wrist and hand pain described as tingling and throbbing. The pain was made worse by grasping. Physical examination revealed plus three spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Bracelet, Tinel's and Phalen's were positive on the right. The injured worker was noted to show red flags of positive orthopedic tests, decreased deep tendon reflexes, decreased active range of motion with pain and failure of conservative therapy. The treatment plan include an MRI 3D of the cervical spine and right wrist. On October 1, 2015, utilization review denied a request for MRI 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 (Magnetic Resonance Imaging) of the right wrist, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation - Online Edition, 2015 Chapter : Forearm, Wrist & Hand (Acute & Chronic) MRI's (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in November 2014 when he was struck on the left side of his head when a cement shoot suddenly unlocked. He fell, landing on his back. He was seen for an initial evaluation by the requesting provider on 06/01/15. Testing had included x-rays of the right hand and MRI scans of the head, shoulders, neck, and right wrist. Complaints included constant severe right wrist and hand pain with tingling and throbbing. Physical examination findings included wrist tenderness with spasms and decreased and painful range of motion. Phalen and Bracelet tests were positive. There were no diagnostic tests available for review. Medications were prescribed and work hardening/conditioning was recommended. In August 2015 the claimant's prior records and MRI reports had still not been received. When seen in September 2015 complaints related to the right wrist and hand were the same. Physical examination findings now included positive Tinel's testing. There was a pending neurology consultation. No additional therapy was requested. Authorization for 3D MRI scans of the cervical spine and right wrist were requested. Applicable criteria for obtaining an MRI of the wrist include acute trauma with suspected distal radius fracture and normal plain film x-rays, acute trauma with suspected scaphoid fracture and normal plain film x-rays, and acute trauma with suspected thumb ulnar collateral ligament injury. Indications in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbck's disease with normal plain film x-rays. Magnetic resonance imaging has also been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Review of plain film imaging of the wrist would be expected prior to obtaining an MRI scan. Additionally, the claimant has already reportedly had an MRI of the wrist and requesting a repeat scan without reviewing the test already done is not appropriate. The MRI is not medically necessary.