

Case Number:	CM15-0209628		
Date Assigned:	10/30/2015	Date of Injury:	04/08/2015
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/25/2015

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 28 year old female, who sustained an industrial-work injury on 4-8-15. She reported initial complaints of neck pain, right shoulder, arm, wrist, and hand associated with numbness and weakness. The injured worker was diagnosed as having right wrist tendonitis. Treatment to date has included medication, hand therapy, and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 10-6-15 that was negative. Currently, the injured worker complains of ongoing pain in the right wrist that is improving with therapy. ADL's (activities of daily living) were increasing, minimal pain and discomfort. Per the primary physician's progress report (PR-2) on 10-9-15, NCV was normal, exam noted positive pain with extension, positive Phalen's test, minimal effusion, tenderness to palpation, positive Tinel's, and increased range of motion. Current plan of care includes follow up with consult and diagnostics. The Request for Authorization requested service to include MRI Right Wrist. The Utilization Review on 10-14-15 denied the request for MRI Right Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist chapter and pg 25.

Decision rationale: According to the ACOEM guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. According to the ODG guidelines: Indications for imaging; Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienböck's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the claimant has tendonitis and minimal effusion of the wrist. There was a hand consultation made. Recent films are not noted to indicate any concern. There were no red flag findings. Although the MRI may provide information for the specialist, it is not necessary to have an MRI prior to seeing the surgeon. Therefore, the request is not medically necessary.