

Case Number:	CM15-0224727		
Date Assigned:	11/23/2015	Date of Injury:	02/07/2015
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 61-year-old male, who sustained an industrial injury on 2-7-15. The injured worker is diagnosed with left wrist strain, left hand strain and left shoulder strain. His work status is temporary total disability. Notes dated 8-6-15, 9-30-15 and 10-8-15 reveals the injured worker presented with complaints of sharp left shoulder pain. He reports neck pain that radiates to his left shoulder and down his left arm accompanied by left forearm pain and weakness. He reports sharp left wrist pain that radiates to his left shoulder and is present 75% of the time. His pain is increased with holding, carrying, pulling, pushing and twisting. Physical examinations dated 8-6-15, 9-30-15 and 10-8-15 revealed cervical paraspinal tenderness, positive facet loading test and positive Spurling's test on the left. There is pain in the left shoulder, arm, wrist and hand. The wrists and elbows Tinel's sign is negative. Treatment to date has included physical therapy, medication and left forearm open reduction internal fixation. Diagnostic studies include left upper extremity electrodiagnostic study and left wrist x-rays. A request for authorization dated 9-30-15 for left wrist MRI without contrast is non-certified, per Utilization Review letter dated 10-23-15.

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 without contrast: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand.

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 269, states that wrist/hand imaging may be appropriate; imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to eval for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to eval for Kienbocks's disease. In this case, there are no red flag indications from the submitted documentation for MRI. There is no specific documented objective findings of wrist pathology and no evidence of suspected fracture, Kienbocks or gamekeeper injury. In addition, no official reports of plain radiograph findings are documented in this case. Therefore, the request is not medically necessary.