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| Case Number: | CM15-0033186 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 03/22/2010 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 48-year-old male who sustained a work related injury on March 22, 2010, after he fell 12 to 13 feet from a roof, losing consciousness and injuring his wrist and back. He was diagnosed with displacement of lumbar intervertebral disc without myelopathy, right ankle sprain, left knee strain and right wrist sprain. Treatment included therapy, anti-inflammatory drugs, and pain medications. Currently the injured worker complained of right hand and wrist pain, tingling, stiffness, weakness, and numbness. On January 22, 2015, a request for a Magnetic Resonance Imaging (MRI) of the right wrist was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine Guidelines.

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 ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official disability

guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with pain in the right hand and wrist, rated 7/10, with tingling, numbness and weakness. The request is for mri right wrist. Phalen's and Tinel's tests were negative. Patient's X-Rays of the right hand/wrist dated 01/13/15 revealed no fractures. Per 01/13/15 progress report, patient's diagnosis includes right wrist ligamentous injury. Patient's medications were not included in the progress reports. Patient's work status was not specified. ACOEM Guidelines chapter 11 page 268 to 269 has the following regarding special studies and diagnostic and treatment considerations "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 week period of conservative and observation." ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) Magnetic resonance imaging has 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 (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock'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. (Mays, 2008). 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, only two reports were provided which was hand written and not legible. Treater has not provided a reason for the request. The medical reports provided for review did not indicate a prior MRI of the wrist. Patient's X-Rays of the right hand/wrist dated 01/13/15 showed no fractures. ODG Guidelines recommend magnetic resonance imaging when there is suspicion of soft tissue tumor or Kienbock's disease. In this case, there is no suspicion for carpal bone fracture, thumb ligament injury, soft tissue tumor, or Kienbock's disease to warrant an MRI of the hands/wrists. Therefore, it is not medically necessary.