

Case Number:	CM15-0035957		
Date Assigned:	03/04/2015	Date of Injury:	06/30/2014
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 52 year old female, who sustained an industrial injury reported on 6/30/2014. She reported pain in the left foot. The diagnoses were noted to include lumbar sprain; right elbow sprain; right wrist/hand sprain; left hip and thigh sprain; and left ankle/foot injury. A history notes musculoskeletal, orthopedic injury to the right wrist, left foot, back and right leg, internal medical issues that included abdominal pain and psychiatric complaints that included anxiety and insomnia. Treatments to date have included consultations; multiple diagnostic imaging studies that included a right wrist magnetic resonance imaging without contrast on 1/8/15; acupuncture treatments; physical therapy for the left foot; home exercise program; a preliminary cardiovascular/pulmonary evaluation/assessment/report (1/16/2015); a respiratory/pulmonary evaluation (1/16/2015); and medication management. The work status classification for this injured worker (IW) was not noted to be that she has not reached permanent and stationary status and was placed on temporary total disability for 45 days, as of the 1/16/2015 report. The primary treating physician initial evaluation, dated 10/2/2014, notes injury to the left foot and a diagnosis of left foot contusion. Also noted were other complaints that include lower back pain, and right wrist/forearm pain that increase with pushing, pulling, lifting and carrying. This IW was noted to have been returned to work with restrictions at that time. The PR-2, dated 11/3/2014, note the IW complain of left foot plantar surface pain and swelling, and left ankle following extended periods of standing or walking. The PR-2, dated 12/10/2014, notes the IW stating that she is doing better, that therapy is helping and that she is doing her home exercises and they are helping; but that she still has pain with prolonged standing

and weight bearing activities. The treatment plan included continued physical therapy, and a left foot orthotic for support. A request for authorization, dated 12/10/2014, notes the request for an magnetic resonance imaging with 3D rendering and interpretation of the right wrist, with facility to provide films and final report to provider within 24 hours of scan being completed, and that the results of the magnetic resonance imaging are important to facilitate a treatment plan. A patient status report, dated 12/10/2014 notes total temporary disability until 1/10/2015. The primary physician evaluation report and request for authorization, dated 1/16/2015, notes right elbow, right forearm, right wrist, right hand, lower back, left hip, left ankle, and left foot pain and numbness. On 1/29/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/3/2014, and pre-authorization request on 12/10/2014, for a magnetic resonance imaging study with "3D" rendering and interpretation of the right wrist; due to lack of clinical information pertaining to this request being provided. Also noted was a stated invalid CPT code. The American College of Occupational and Environmental Medicine Guidelines, forearm/wrist & hand complaints; and the Medical Treatment Utilization Schedule Guidelines, special studies and diagnostic & treatment considerations, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with RD rendering and interpretation to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Guidelines state MRI of the wrist is indicated in acute trauma, suspected acute distal radius fracture, suspected scaphoid fracture, and suspected gamekeeper injury when x-rays are normal. For most patients, as long as there are no red flag signs, MRI is not needed until after a 4-6 week period of conservative care as most patients improve. Based on the clinical information reviewed, there was no acute trauma or documentation of a red flag sign. Thus, the request for MRI wrist is not medically necessary and appropriate.