

Case Number:	CM15-0055517		
Date Assigned:	03/30/2015	Date of Injury:	10/16/2014
Decision Date:	05/07/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 54-year-old female, who sustained an industrial injury on October 16, 2014. She reported injury causing her right hand to be pulled and twisted. The injured worker was diagnosed as having right shoulder pain, right radial styloid fracture and rule out internal derangement of right shoulder. Treatment to date has included diagnostic studies and medications. Currently, the injured worker complained of pain in her right wrist that is present with any motions. There is radiation of pain along the forearm into the right elbow. There is numbness into the four fingers. She also reported limitation of motion of the wrist and weakness of grip along with the experience of snapping during motions. She rated her pain as an 8 on a 1-10 pain scale. The treatment plan included a course of hand therapy, follow-up visit, repeat x-rays and a possible injection to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of the Right Wrist/Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 207-208, 177-179, 268. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Shoulder Chapter, Diagnostic Ultrasound, Forearm, Hand, and Wrist Chapter, MRI and Ultrasound.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

Decision rationale: The ACOEM Guidelines strongly support the use of MRI when there is a concern for infection involving this area of the body and mildly strongly support its use when there is a concern for carpal tunnel syndrome. A MRI is not recommended for any other conditions involving forearm, wrist, and/or hand complaints. When a broken scaphoid (wrist bone) is suspected, the Guidelines recommend repeating the x-rays seven to ten days after the symptoms began. A limited bone scan can be used if x-rays are not helpful and the suspicious findings continue. The submitted and reviewed records indicated the worker was experiencing right wrist and shoulder pain. There was no documentation describing findings consistent with any of the conditions supported by the Guidelines or special circumstances that sufficiently support this request. In the absence of such evidence, the current request for a MRI of the right wrist and hand is not medically necessary.