

Case Number:	CM15-0056322		
Date Assigned:	04/01/2015	Date of Injury:	12/16/2014
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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 44-year-old female, who sustained an industrial injury on 12/16/2014. She reported injury to the left hand and head while exiting a forklift trailer. The injured worker was diagnosed as having blunt head trauma, cervical and lumbar sprain/strain and left hand contusion. Left hand, neck and head X rays were within normal limits. Treatment to date has included physical therapy and medication management. In a progress note dated 2/26/2015, the injured worker complains of neck, upper back and lower back pain, bilateral shoulder pain, left hand pain and head pain. The treating physician is requesting left wrist magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: MRI of the Left Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRIs (magnetic resonance imaging).

Decision rationale: The 44-year-old female presents with pain and discomfort in neck, upper back, lower back, bilateral shoulders, left hand, and left head, rated at 8/10 without Mobic, as per progress report dated 02/26/15. The request is for PROSPECTIVE: MRI OF THE LEFT WIRST. The RFA for this case is dated 03/11/15, and the patient's date of injury is 12/16/14. Diagnoses, as per progress report dated 02/26/15, included closed head injury, headache, left contusion, left muscle strain, bilateral trapezius strain, thoracic spine strain, and lumbar muscle strain. The patient has been allowed to return to modified work, as per the same progress report. 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, the patient is suffering from pain and discomfort in the left hand and has been diagnosed with left hand contusion, as per progress report dated 02/26/15. In the same report, the treating physician states that there is no swelling or deformity in the left hand and the patient is exhibiting a normal range of motion. As per progress report dated 01/12/15, the patient "denies wrist pain." However, as per an orthopedic evaluation report dated 03/26/15 after the UR denial date, the patient continues to have pain in the left wrist. Although the x-rays were negative for fractures, the treating physician states, "It is quite possible that the patient has encountered a neurological injury." The physician is therefore, requesting an MRI. ODG guidelines also support MRIs in patients with chronic wrist pain. Hence, the request IS medically necessary.