

Case Number:	CM14-0151394		
Date Assigned:	09/19/2014	Date of Injury:	06/17/2014
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a work injury occurring on 06/17/14 when he fell from scaffolding onto the left upper extremity including his wrist and hand. Treatments have included medications, a wrist support, physical therapy, and chiropractic care. He has symptoms of numbness in a left median nerve distribution and left wrist tenderness. An x-ray of the left wrist on 06/17/14 showed findings of soft tissue swelling with suggestion of possible ligamentous injury due to widening of the space between the navicular and lunate bones. He was seen on 06/18/14. He was having ongoing wrist pain. Physical examination findings included soft tissue swelling and ecchymosis of the digits with pain on supination. He was diagnosed with a wrist sprain. A Spica splint was provided and Toradol, Orudis, and Norflex, were prescribed. He was continued with work restrictions of no left upper extremity use. On 07/01/14 he was having ongoing symptoms. Physical examination findings appear unchanged. He continued to be treated for a left wrist sprain. An x-ray of the left wrist on 07/08/14 was normal. An x-ray of the thoracic spine on 07/08/14 showed findings of mild scoliosis and minimal osteoarthritis. An MRI of the left wrist was subsequently done with history/clinical indication given as "pain".

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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging)

Decision rationale: The claimant is status post work related injury due to a fall with injury to the left wrist and hand. He has ongoing symptoms with plain x-rays in June 2014 suggestive of a ligamentous injury with subsequent x-rays in July 2014 that were normal. Applicable criteria for obtaining an MRI of the wrist include acute trauma with suspected distal radius fracture and normal plain film x-rays, acute trauma with suspected scaphoid fracture and normal plain film x-rays, and acute trauma with suspected thumb metacarpal phalangeal ulnar collateral ligament injury. Indications in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbck's disease with normal plain film x-rays. In this case, none of these criteria is met and therefore the requested MRI is not medically necessary.