

Case Number:	CM14-0160747		
Date Assigned:	10/06/2014	Date of Injury:	06/11/2014
Decision Date:	10/31/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 Interventional Spine and is licensed to practice in California. 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 patient is a 51 year old male with an injury date of 06/11/14. Based on the 07/08/14 progress report provided by [REDACTED] the patient complains of pain in the right forearm, wrist and hand. Physical examination to the right wrist reveals decreased range of motion, especially dorsiflexion 41 degrees. Sensory response over the C5, C6 and C7 nerve roots is within normal limits bilaterally. The patient is temporarily totally disabled. Diagnosis 07/08/14:- history of nasal injury with laceration, deferred to the appropriate specialist- subjective complaints of eye injury, deferred to the appropriate specialist- cervical spine sprain and strain, rule out herniated cervical discs- clinical left upper extremity radiculopathy- right wrist sprain and strain with possible fracture- lumbar spine sprain and [REDACTED] is requesting MRI right wrist. The utilization review determination being challenged is dated 09/05/14. The rationale is: "It is not known if this is a request for an initial or for a repeat MRI of the right wrist. Per the UR referral notes, the injured worker's MRI has already been done but a report is not available for this review. Additional referral notes states there is fracture to right wrist." [REDACTED] is the requesting provider, and he provided treatment reports from 06/16/14 - 08/27/14.

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 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Comp, Forearm Wrist, & Hand (Acute & Chronic), MRI's

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

Decision rationale: The patient presents with pain in the right forearm, wrist and hand. The request is for MRI right wrist. Physical examination to the right wrist dated 07/08/14 reveals decreased range of motion, especially dorsiflexion 41 degrees. ODG-twc guidelines (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm) has the following indications regarding MRI of wrist: "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- 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) Patient diagnosis dated 07/08/14 includes right wrist sprain and strain with possible fracture. Radiographic studies with normal findings have not been found in review of reports. Moreover, utilization review letter dated 09/05/14 states "it is not known if this is a request for an initial or for a repeat MRI of the right wrist. Per the UR referral notes, the injured worker's MRI has already been done but a report is not available for this review. Additional referral notes states there is fracture to right wrist." It appears that patient already had an MRI of the right wrist. Repeat MRI is not indicated by guidelines, as treating physician has not documented significant change in symptoms or findings. The request is not medically necessary.