

Case Number:	CM14-0169901		
Date Assigned:	10/20/2014	Date of Injury:	02/13/2014
Decision Date:	12/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine, 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:

Patient is a 53 year-old female with date of injury 02/13/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/20/2014, lists subjective complaints as pain in the right wrist. MRI of the right wrist performed on 06/23/2014 was unremarkable. There was no evidence of tendon tearing, tendinosis, or tenosynovitis. Objective findings: Examination of the right wrist revealed 7/10 tenderness to the right ulnar aspect of the wrist. Range of motion was almost normal, but there was a lot of tenderness at the extremes of ranges. Diagnosis: 1. Right wrist fracture with tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Wrist without contrast.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Repeat MRI

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 Official Disability Guidelines recommend an MRI of the wrist or indications following trauma, suspected fracture, tumor, and suspected 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. Documentation in the medical record does not support an MRI of the wrist based on the above criteria. MRI of the Right Wrist without contrast is not medically necessary.