

Case Number:	CM14-0110984		
Date Assigned:	08/01/2014	Date of Injury:	08/07/2013
Decision Date:	06/29/2015	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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: Orthopedic Surgery

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 male, who sustained an industrial injury on 08/07/2013. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having right wrist scapholunate injury with instability and right wrist status post reconstruction of the scapholunate interosseous ligament. Treatment and diagnostics to date has included right wrist MRI 1/6/14 which showed complete tear of the scapholunate ligament, right wrist surgery, occupational therapy, and medications. In a progress note dated 03/05/2015, the injured worker presented with complaints of right wrist pain. Objective findings include limited and painful range of motion of the right wrist. The treating physician reported requesting authorization for bilateral wrist x-rays and magnetic resonance arthrogram of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 6/12/14: Bilateral wrist x-rays (clenched views only): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Section, Office Visits.

Decision rationale: According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the claimant has an MRI of the wrist demonstrating a scapholunate ligament injury. There is no indication why a clenched fist view is required. Therefore, the determination is for non certification. The request is not medically necessary.

MR arthrogram of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines, forearm, wrist & hand (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist and Hand MRI of the wrist.

Decision rationale: Official Disability Guidelines Forearm, Wrist and Hand state MRI of the wrist is indicated for acute hand or wrist trauma or to eval for suspected acute scaphoid fracture, gamekeeper injury, soft tissue tumor or to eval for Kienbocks's disease. In this case the patient has already had an MRI of the wrist from 1/6/14. There is insufficient rationale why an MR arthrogram is required. Therefore, the determination is for non-certification. The request is not medically necessary.