

Case Number:	CM14-0211585		
Date Assigned:	12/24/2014	Date of Injury:	06/16/2014
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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, Tennessee, South Carolina
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old male with a 6/16/14 date of injury. At the time (11/14/14) of request for authorization for associated surgical service: 1 MR arthrogram of the left wrist, and associated surgical service: 1 prescription of Prilosec 20mg #30, there is documentation of subjective (left knee and left wrist pain) and objective (left wrist swelling, tenderness over the snuff box as well as triangular fibrocartilage complex, and decreased left wrist range of motion) findings, imaging findings (MRI left wrist (7/10/14) report revealed perforation of the central portion of the triangular fibrocartilage complex (TFC) with degeneration of the peripheral portion of the TFC complex), current diagnoses (left wrist scaphoid fracture and triangular fibrocartilage complex tear, left knee anterior cruciate ligament tear, and right knee sprain/strain), and treatment to date (physical therapy and medications). Medical reports identify a plan for left wrist surgery. 12/11/14 medical report identifies a request for MR arthrogram to properly diagnose the patient's condition. Regarding associated surgical service: 1 prescription of Prilosec 20mg #30, there is no documentation of a risk for gastrointestinal event.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR arthrogram of the left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/10319095>

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of wrist problems or red flags after four-to-six week period of conservative care and observation, as criteria necessary to support the medical necessity of wrist imaging. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRA is indicated (such as: visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures), as additional criteria necessary to support the medical necessity of MRA of wrist/hands. Within the medical information available for review, there is documentation of diagnoses of left wrist scaphoid fracture and triangular fibrocartilage complex tear, left knee anterior cruciate ligament tear, and right knee sprain/strain. In addition, given documentation of a diagnosis of left wrist scaphoid fracture and triangular fibrocartilage complex tear; subjective (left wrist pain) and objective (left wrist swelling, tenderness over the snuff box as well as triangular fibrocartilage complex, and decreased left wrist range of motion) findings, and a request to properly diagnose the patient's condition, there is documentation of a condition/diagnoses (with supportive subjective/objective findings) for which MRA is indicated (visualization of interosseous carpal ligaments and of the triangular fibrocartilage complex and to detect injuries in these structures). Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: 1 MR arthrogram of the left wrist is medically necessary.

1 prescription of Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of left wrist scaphoid fracture, left knee anterior cruciate ligament tear, and right knee sprain/strain. However, there is no documentation of a risk for

gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service: 1 prescription of Prilosec 20mg #30 is not medically necessary.