

Case Number:	CM15-0118559		
Date Assigned:	06/26/2015	Date of Injury:	10/12/2012
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 64-year-old female, who sustained an industrial injury on 10/12/12. The injured worker has complaints of right wrist pain. The documentation noted that examination revealed positive tenderness basal joint right sided and positive diffuse tenderness around the right scaphoid and scapholunate joint. The diagnoses have included neck sprain and strain. Treatment to date has included acupuncture; magnetic resonance imaging (MRI) of the lumbar spine dated 7/31/13 showed 2 millimeter disc protrusion of L4-L2; injections; De Quervain's surgery on 9/30/14 and magnetic resonance imaging (MRI) of the right wrist on 4/15/15 showed there is an acute or subacute fracture of the distal pole of the scaphoid with marrow edema noted, there is a bony fragment noted in the region of the ulnocarpal joint most likely the sequel of a remote ulnar styloid fracture, there are arthritic changes of the radiocarpal joint, there is capsulitis of the wrist and there is some soft tissue edema noted along the radial aspect of the wrist. The request was for X-ray of the bilateral wrist and consult follow up regarding right wrist. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the bilateral wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-274.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist/ hand except the case of carpal tunnel syndrome or suspected infection. X-ray is not recommended except in the case of suspected bony injury such as fracture. MRI has already shown the presence of fracture. Additional imaging would not be medically necessary and the request is not medically necessary.

Consult follow up regarding right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states follow up evaluations are based on ongoing need as dictated by ongoing complaints and response to therapy. Based on review of the documentation and the patient's ongoing complaints, follow up consultation for the wrist would be medically necessary.