

Case Number:	CM15-0119862		
Date Assigned:	06/30/2015	Date of Injury:	08/08/2014
Decision Date:	07/29/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 8/8/14. She has reported initial complaints of right wrist pain. The diagnoses have included right wrist and arm pain Treatment to date has included medications, activity modifications, diagnostics, orthopedic evaluation, thumb Spica, and physical therapy. Currently, as per the physician progress note dated 5/18/15, the injured worker complains of pain in the right wrist and a tight sensation with frequent burning that radiates to the right forearm. She rates the pain a 4/10 on pain scale. The physical exam reveals the right wrist has tenderness to the distal right radius, swelling is noted, and there is a 5 degree lag in flexion is noted compared to the left. The diagnostic testing that was performed included x-ray of the right wrist. There is previous physical therapy sessions noted. The physician requested treatment included Magnetic Resonance Imaging (MRI) of the right wrist.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, and hand section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the right wrist is not medically necessary. MRIs are indicated in selected cases where there is a high clinical suspicion of fracture despite normal radiographs. MRI has been advocated for patients with chronic wrist pain because it enables clinicians to formal global examination of the bony and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage and intraosseus ligament tears, occult fractures, a vascular process and miscellaneous abnormalities. Indications include chronic wrist pain, plain films are normal, suspect soft tissue tumor; Kienbocks disease. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Under the carpal tunnel syndrome section, MRIs are not recommended in the absence of ambiguous electro diagnostic studies. Electro diagnostic studies are likely to remain the pivotal diagnostic examination in patients with suspected carpal tunnel syndrome for the foreseeable future. In this case, the injured worker's working diagnosis is continued right wrist and arm pain. Subjectively the injured worker, according to May 18, 2015 progress note, has ongoing pain in the right wrist with burning flares. Fine motor control is intact. Injured worker is working at a regular employment and takes over-the-counter medications. X-rays of the affected wrist are negative. There is no clinical discussion or rationale for a right wrist MRI. The injured worker received benefit with range of motion improvement from the six physical therapy sessions. There is no evidence or suspicion of soft tissue tumor or other diagnosis indicating an MRI is clinically warranted. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, MRI of the right wrist is not medically necessary.