

Case Number:	CM15-0121263		
Date Assigned:	07/24/2015	Date of Injury:	12/10/2014
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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

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 44 year old male, who sustained an industrial injury on December 10, 2014, incurring right wrist and facial injuries after falling from a truck. He was diagnosed with a right wrist fracture. Treatment included wrist splinting and casting, anti-inflammatory drugs, pain medications, physical therapy and work restrictions. Currently, the injured worker complained of persistent pain along the radial area of the right wrist. X rays were unremarkable of the right wrist, but unable to rule out a scaphoid fracture. The treatment plan that was requested for authorization included Magnetic Resonance Imaging 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 Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272, 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-1 and Algorithm 11-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hand and Wrist Section: MRIs.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with hand and wrist complaints. Table 11-1 provides a summary of the red flag conditions which may indicate a serious underlying condition. Further, Algorithm 11-2 provides a summary of the initial and follow-up management of patients with an occupational hand/wrist complaint. The Official Disability Guidelines also provide specific comment on the indications for use of MRI studies of the wrist. These guidelines state that the following are indications for MRI imaging of the wrist: Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbck'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. In this case, the patient has had a prior MRI arthrogram of the wrist; reported in the medical records on 1/26/2014 as normal; i.e. no evidence of a scaphoid fracture and no evidence of a significant ligamentous injury. Since the report of this MRI arthrogram, there are no substantive changes in the history or examination findings. There is no documentation of red flag symptoms as described in the above cited MTUS/ACOEM guidelines. Given the normal prior MRI arthrogram and the absence of any red flag symptoms or significant change in findings, there is no justification for a repeat MRI of the wrist. The MRI of the right wrist is not medically necessary.