MAXIMUS Federal Services

Case Number:	CM15-0123617		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2013
Decision Date:	08/04/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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 46 year old female, who sustained an industrial injury on 1/14/13. She reported pain in her neck, back, bilateral shoulders, bilateral elbows and bilateral wrists/hands related to a fall. The injured worker was diagnosed as having cervical spine bulges, thoracic strain, lumbar spine bulges, right elbow strain, left elbow strain, right wrist/hand strain and left wrist/hand strain. Treatment to date has included an EMG/NCV of the bilateral upper extremities showing mild ulnar and median neuropathy, chiropractic treatments, physical therapy and a cervical epidural injection on 3/16/15 with good results. As of the PR2 dated 4/15/15, the injured worker reports right wrist pain 80% of the time. The treating physician requested a right wrist MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand - Indications for imaging: Magnetic resonance imaging (MRI).

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/Hand (Acute & Chronic) Magnetic Resonance Imaging.

Decision rationale: The Official Disability Guidelines comment on the indications for imaging the wrist with Magnetic Resonance Imaging (MRI). The indications for imaging are as follows: 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 Kienbock's disease. In this case, there is insufficient content in the medical records to support the need for imaging of the wrist. The only content that the patient has a wrist problem is a positive checklist for "wrist pain." There is no content in the medical records to expand on the nature of the patient's wrist problem. There is no documented physical examination of the wrist to help determine the etiology of this patient's wrist problem. In the Orthopedic Consultation dated 2/10/2015, there is no documented history of a wrist problem, no examination of the wrist and no diagnosis of a wrist problem. In the request for an MRI the condition "wrist sprain" is used. In summary, there is inadequate documentation to justify an MRI of the right wrist. The lack of documentation for the nature of the wrist problem or physical examination findings does not allow use of the above cited ODG criteria to determine the need for this test. At this time an MRI of the right wrist is not medically necessary.