

Case Number:	CM15-0040470		
Date Assigned:	03/10/2015	Date of Injury:	03/10/2014
Decision Date:	04/15/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old male who sustained an industrial injury on 03/10/14. Initial complaints and diagnoses are not available. Prior treatments include medications. Prior diagnostic studies include x-rays. Current complaints include severe pain in the right wrist, radiation up the arm to the neck, associated with paresthesia and weakness. He also reports stiffness, soreness, and limited motion in the right wrist. In a QME, report dated 09/09/14 the examining provider recommends surgical intervention to the right wrist, medications to include Ibuprofen, Flexeril, Vicodin, and Lunesta. Also recommended are work hardening after surgery, physical and occupational therapy, continued bracing, right wrist low-level laser light, possible cervical traction and possible cervical physical therapy. Prior to cervical physical therapy, x-rays and MRI of the cervical spine are also recommended. The requested treatment is a MR Arthrogram of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance arthrograph (MRA) of the right wrist with contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Other Diagnoses.

Decision rationale: Regarding the request for MR arthrography of wrist, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. Guidelines go on to state, that arthrography has the highest complication risk of any imaging modality, and that its ability to define pathology is low compared with other imaging modalities. Within the documentation available for review, it appears the patient has previously undergone wrist x-rays, and surgery appears to be a foregone conclusion. There is no statement indicating how MR arthrogram would change the patient's current treatment plan. In the absence of such documentation, the currently requested MR arthrogram of the wrist is not medically necessary.