

Case Number:	CM15-0061312		
Date Assigned:	04/07/2015	Date of Injury:	10/04/2013
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/31/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female, who sustained an industrial injury on 10/04/2013. She reported sustaining injuries to the right wrist and right leg while at work. The injured worker was diagnosed as having right wrist pain with a history of a distal radius fracture. Treatment to date has included medication regimen, magnetic resonance imaging of the right wrist and hand, and x-rays of the right wrist. In a progress note dated 02/27/2015 the treating physician reports complaints of pain that is rated an eight out of ten with tenderness over the radioulnar joint space. The treating physician requested magnetic resonance imaging of the right wrist to determine the location to perform a corticosteroid injection that was previously recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 (ODG), Forearm, Wrist and Hand Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand, Magnetic Resonance Imaging (MRI).

Decision rationale: The patient presents with pain affecting the right wrist. The current request is for MRI right wrist. The treating physician report dated 2/27/15 (25B) states, "We are still requesting this patient's past medical records, which includes an MRI of the right wrist and hand. She is told to try to obtain these records on her own behalf. We will be requesting this imaging study as well, in order to determine a location for the corticosteroid injection, which was recommended by the patient's AME in his future medical recommendations." The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding MRI's of the wrist: "Recommended as indicated below. While criteria for which patients may benefit from the addition of MRI have not been established, in selected cases where there is a high clinical suspicion of a fracture despite normal radiographs, MRI may prove useful." The ODG guidelines further state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The guidelines go into further detail regarding the criteria for an MRI. In this case, the patient presents with right wrist pain with a history of distal radius fracture. The patient is in the process of retrieving a previous imaging study of the right wrist. X-rays dated 01/16/15 showed, "No bone or joint pathology demonstrated." The patient has received a previous MRI of the right wrist and there is no evidence in the documents provided that suggests the patient has experienced a significant change in symptoms or pathology that would warrant a repeat MRI. The current request does not satisfy the ODG guidelines as outlined in the "Forearm, Wrist, and Hand" chapter. Recommendation is for denial. The treatment is not medically necessary.