

Case Number:	CM15-0062759		
Date Assigned:	04/08/2015	Date of Injury:	12/05/2014
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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: Massachusetts

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 42 year old male injured worker suffered an industrial injury on 12/05/2014. The diagnoses included left wrist ulnar avulsion fracture. The diagnostics included left wrist x-rays. The injured worker had been treated with medications and splint. On 2/27/2015 the treating provider reported left hand and wrist pain with general hand tenderness. The treatment plan included MRI of the Left Hand/Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand and Wrist Chapter.

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), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for left wrist pain. The claimant has a diagnosis of a left wrist fracture with plain film imaging showing a possible dorsal triquetral avulsion fracture. When seen, the claimant had tenderness over the T. FCC with positive ulnar grind and Synergy testing. Applicable criteria for obtaining an MRI of the wrist / hand include acute trauma with suspected distal radius fracture and normal plain film x-rays, acute trauma with suspected scaphoid fracture and normal plain film x-rays, and acute trauma with suspected thumb metacarpal phalangeal ulnar collateral ligament injury. Indications in the setting of chronic wrist pain are suspected soft tissue tumor or Kienbock's disease with normal plain film x-rays. In this case, none of these criteria is met and therefore the requested MRI was not medically necessary.