

Case Number:	CM15-0071509		
Date Assigned:	04/21/2015	Date of Injury:	01/12/2015
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 34-year-old who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of January 12, 2015. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve a request for repeat MRI imaging of the left wrist. The claims administrator referenced a March 17, 2015 progress note in its determination. The request, as noted previously, was framed as a repeat request for wrist MRI imaging. The results of earlier wrist MRI imaging were not, however, detailed. In a RFA form dated March 20, 2015, MRI imaging of the left wrist was proposed. In an associated progress note dated March 17, 2015, the applicant reported ongoing complaints of wrist pain, exacerbated by gripping and grasping. The applicant stated that picking up his young child remained problematic. The attending provider stated that earlier MRI imaging of the wrist demonstrated non-displaced fracture of the same. Tenderness was appreciated about the ulnar styloid. Pain with range of motion was appreciated. The applicant apparently had x-rays of the wrist in the clinic which were reportedly negative, while earlier MRI imaging was notable for a non-displaced triquetral fracture. It was stated that the applicant's presentation was suggestive of a TFCC injury. The applicant was placed off of work. MRI imaging of the wrist was endorsed. The attending provider stated that the MRI imaging in question was being proposed for the purposes of determining whether the applicant's bone bruising and/or fractures were or were not healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist, repeat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 272.

Decision rationale: No, the request for repeat MRI imaging of the wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does acknowledge that the usage of arthrography, MRI, or CT scans prior to history and physical examination by qualified specialist is optional, in this case, the applicant had already had previous wrist MRI imaging which did apparently establish a diagnosis of non-displaced triquetral fracture. It was not clearly established or clearly stated how the proposed repeat MRI would influence or alter the treatment plan. The attending provider did not state why he needed MRI imaging to monitor the applicant's progression insofar as the triquetral fracture and/or bone bruising were concerned. The attending provider did not state why he could not continue to monitor the applicant's progress clinically and/or through conventional plain film x-rays. The attending provider did not state how the proposed wrist MRI would influence or alter the treatment plan. There was, for instance, no mention of the applicant's candidacy for any kind of surgical intervention involving the non-displaced triquetral fracture and/or bone bruises. It appeared, rather, that the attending provider was intent on employing non-operative treatment in form of immobilization as of the March 17, 2015 progress note in which the article in question was proposed. Therefore, the request was not medically necessary.