

Case Number:	CM15-0071674		
Date Assigned:	04/21/2015	Date of Injury:	06/12/2013
Decision Date:	05/20/2015	UR Denial Date:	03/13/2015
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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 45 year old male, who sustained an industrial/work injury on 6/12/13. He reported initial complaints of head and wrist pain and right knee. The injured worker was diagnosed as having cervical disc herniation without myopathy; tear of medial meniscus of the right knee, carpal tunnel syndrome-medial nerve entrapment at the wrist, tendinitis/bursitis of the hands/wrist, and concussion with short loss of consciousness. Treatment to date has included medication, surgery (open reduction and internal fixation (ORIF) on 6/18/13) and diagnostics. Currently, the injured worker complains of intermittent slight to moderate pain in the wrists and hands, right knee, cervical spine, chest tightness and shortness of breath, and intermittent headache. Per the primary physician's progress report (PR-2) on 2/2/15, examination noted 3+ spasm and tenderness to the bilateral paraspinal muscles from C4-C7 and bilateral suboccipital muscles. Axial compression test was positive bilaterally, distraction test was positive, shoulder depression test was positive bilaterally, the left and right triceps reflex was decreased. In the wrist and hands, there was 2+ spasm and tenderness to the bilateral anterior wrists and posterior extensor tendons. Tinel's test was positive bilaterally. Bracelet test was positive. The knees had 2+ spasm and tenderness to the right anterior joint line, popliteal fossa and vastus medialis. McMurray's test was positive on the right. Grinding test and Clarke's test was positive on the right. Patient had prior documented wrist fracture requiring surgical intervention. The requested treatments include 3D MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of the right 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, Wrist and Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259, 268-269.

Decision rationale: As per ACOEM guidelines, indications for wrist imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. The requesting provider has not documented any worsening symptoms or appropriate justification for request. Provider claims "worsening" symptoms and "red flag" findings but the documented exam is chronic and consistent with prior exams and there are no signs of red flag findings such as infection or fracture. The neurological exam is benign. There is known diagnosis of carpal tunnel and prior wrist fracture post surgical intervention. Surgery happened on 6/2013 and hardware removal occurred on 2/2014. Pain is chronic and unchanged. The provider has not provided what is being searched for with MRI and how it may changed treatment plan. MRI is most useful in detecting infections, occult fractures and subtle arthritis of the wrist. The provider has failed to provide a rational evidence based reason for requesting this study. MRI of wrist is not medically necessary.