

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0165693 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 06/03/2014 |
| Decision Date: | 10/02/2015 | UR Denial Date: | 10/03/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 33-year-old male, who sustained an industrial injury on June 3, 2014. He reported pain in his left wrist, left hand, left elbow and left shoulder. He was diagnosed with a sprain-strain of the left wrist. Treatment to date has included diagnostic imaging and work restrictions. An evaluation on September 10, 2014 revealed the injured worker had persistent hand pain with grasping. He reported that his grip strength had increased overall. On physical examination the injured worker's left grip strength was 26-28-26 and his right grip strength was 48-38-40. He had painful and limited left wrist range of motion. The injured worker had a positive Phalen's test and a positive Tinel's test. A grip strength test of the right hand had radiation of pain into the forearm, left elbow, shoulder, and trapezius area. The diagnoses associated with the request include left wrist sprain, left shoulder sprain-strain and striking against or struck accidentally by objects. The treatment plan includes physical therapy to improve function, EMG-NCV and MRI of the left 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 wrist as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand chapter and pg 25.

Decision rationale: According to the guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. ODG pg 25 Indications for imaging Magnetic resonance imaging (MRI): Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there was no mention of acute disease or pain unexplained from exam or negative x-rays. The symptoms were consistent with carpal tunnel syndrome and the claimant was also requested to obtain an EMG. The MRI was not requested by a surgeon. The request for an MRI of the wrist is not medically necessary.