

Case Number:	CM14-0053001		
Date Assigned:	07/07/2014	Date of Injury:	02/25/2014
Decision Date:	10/02/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/21/2014

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: California

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 26-year-old female, who sustained an industrial injury on 2-25-2014. She reported that her hand got slammed in a door. The injured worker was diagnosed as having right hand sprain-strain. Treatment to date has included diagnostics (x-rays), splinting, and physical therapy. On 3-10-2014, the injured worker complained of severe pain in her right hand and wrist and the inability to tolerate physical therapy. Exam of her right hand and wrist noted moderate swelling and tenderness. She was unable to flex her fingers. She was right hand dominant. A physical therapy evaluation was noted on 3-07-2014. The treatment plan included magnetic resonance imaging of the right 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 right wrist/hand: Overturned

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): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's.

Decision rationale: The patient was injured on 02/25/14 and presents with right hand and right wrist pain. The request is for a MRI of the right wrist/hand. The utilization review rationale is that the "doctor did not indicate how the MRI of the right hand would alter the claimant's treatment." The RFA is dated 03/11/14 and the patient's work status is not provided. Review of the reports provided does not indicate if the patient had a prior MRI of the right wrist/hand. ACOEM Chapter 11, under Wrist, forearm, hand, and page 268-269 for Special Studies and Diagnostic and Treatment Considerations state: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. ODG-TWC, under Forearm, Wrist, & Hand (Acute & Chronic) Chapter, under MRI's (magnetic resonance imaging) states: "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." The patient is diagnosed with right hand sprain-strain. She has swelling/ tenderness on her right hand/wrist and is unable to flex her fingers. The reason for the request is not provided. Review of the reports provided does not indicate if the patient had a prior MRI of the right wrist/ hand. Given that the patient continues to have right wrist/ hand pain and does not have a recent MRI of the right wrist/ hand, the request appears reasonable. Therefore, the requested MRI of the right wrist/ hand is medically necessary.