

Case Number:	CM13-0002390		
Date Assigned:	11/20/2013	Date of Injury:	10/08/2012
Decision Date:	02/20/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year-old female with wrist, elbow, and shoulder pain reportedly from excessive use on the computer at work. Date of injury is October 8, 2012. She has had physical therapy, MRI the right shoulder that showed tendinosis and Purolator also assist. Her elbow MRI was unremarkable and her wrist showed it probable small ganglion cyst. She did an injection to the right elbow in 2013 which reportedly helped her pain. However, she still had right wrist pain. Her exam showed tenderness at the base of the right fifth metacarpal in the ulnar mid lateral region. There were no medical records given, only the UR denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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. Decision based on Non-MTUS Citation ACOEM, Chapter 7

Decision rationale: CA MTUS does not address repeat MRI except that they are not recommended. ACOEM 2007 states that Repeat MRI without significant clinical deterioration in

symptoms and/or signs is also not recommended. - Not Recommended, Evidence (C) The patient has had an MRI one year prior and has not had any documented change in symptoms or presentation. There is no neurological deterioration noted. Therefore there is no medical need for the MRI established other than period of time since last MRI. The treatment is NOT medically necessary. There was no issue on the initial MRI that could have significantly progressed without a significant change in presentation.