

Case Number:	CM13-0019843		
Date Assigned:	10/11/2013	Date of Injury:	01/18/2013
Decision Date:	07/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert 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 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/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:

This is a 30-year-old female with a 1/18/13 date of injury. 8/5/13 progress report indicates persistent pain and discomfort in the right wrist, as well as an inability for fully dorsi- and palmar flex her wrist. She reports decreased grip strength. A wrist MRI suggests some pathology at the scapholunate ligament. Physical exam demonstrates Some tenderness in the right trapezius, full cervical ROM. There is dorsal wrist tenderness. Grip strength is 30 on the right, 50 on the left. Cervical X-rays were reportedly unremarkable. Treatment to date has included medication, activity modification, wrist strap, PT. There is documentation of a previous adverse 8/13/13 determination for lack of focal neurologic deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening

program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There is no evidence of cervical pathology on physical exam. It is unclear why cervical etiology is suggested in the absence of neurologic findings. Therefore, the request for a MRI CERVICAL SPINE was not medically necessary.