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| Case Number: | CM13-0041375 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 06/02/2013 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of June 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; attorney representation; transfer of care to and from various providers in various specialties; and several months off of work. In a utilization review report of September 12, 2013, the claims administrator denied a request for MRI imaging of the injured wrist, citing illegible supporting documentation. The applicant's attorney subsequently appealed. It appears that the MRI study in question was requested on a handwritten note of September 16, 2013, which represented doctor's first report with a new primary treating provider (PTP), a chiropractor, who concurrently sought MRI imaging of the knee and a consultation with a pain management specialist as well as a functional capacity evaluation. A subsequent note of December 20, 2013 is notable for comments that the applicant has persistent knee, wrist, and forearm pain. The applicant was asked to pursue extracorporeal shockwave therapy, obtain additional physical therapy, obtain acupuncture, and remain off of work, on total temporary disability. MRI imaging of the wrist and hand were reportedly "unremarkable."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 11, use of an MRI prior to history and physical examination by a qualified specialist is "optional." In this case, the attending provider did not make a compelling case for the MRI study in question, which was ultimately deemed unremarkable. The attending provider did not clearly state why MRI imaging was being sought, what items were on the differential diagnosis, and why MRI imaging should have been obtained prior to history and physical examination by a qualified specialist. Again, the information on file was sparse, handwritten, and largely illegible at times. Therefore, the request is not certified owing to lack of supporting documentation.