

Case Number:	CM13-0042074		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	05/21/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 35-year-old female who reported an injury on 11/16/2012, secondary to a fall. Current diagnoses include cervical radiculopathy, cervical sprain, shoulder impingement, elbow tendonitis/bursitis, and knee tendonitis/bursitis. The injured worker was evaluated on 08/21/2013. The injured worker reported neck pain, bilateral shoulder pain, left-sided elbow pain, and bilateral knee pain. Physical examination revealed spasm, tenderness, and guarding in the paravertebral muscles of the cervical spine, decreased cervical range of motion, positive impingement testing in bilateral shoulders, and positive Gaenslen's testing over the left hip with decreased range of motion. The injured worker also reported left-sided wrist pain with weakness. Treatment recommendations at that time included an 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:

MAGENETIC RESONANCE IMAGING (MRI) OF THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-173. Decision based on Non-MTUS Citation ODG Forearm, Wrist and Hand (updated 5/8/13), MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the left wrist. There is also no mention of an attempt at conservative treatment prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is not medically necessary.