

Case Number:	CM13-0057026		
Date Assigned:	01/10/2014	Date of Injury:	12/03/2012
Decision Date:	04/24/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation has a subspecialty in Pain 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 patient was injured on 12/03/2012 and sustained an accepted industrial injury to the right elbow and bilateral wrists on 12/036/2012 due to repetitive stress. Prior treatment history has included 2 courses of physical therapy and acupuncture. Diagnostic studies reviewed include x-rays of the hands dated 03/06/2013 that revealed mild degenerative changes. PR-2 dated 12/19/2013 documented the patient to be better and back at work. The pain over the dorsal wrist is also not as painful. Writing and typing have aggravated the wrist. She was authorized to get an MRI of the wrist but now denied. She has contested this. She recalled she had an elective surgery 30 years ago and there are surgical clips and the outside facility would not do MRI. Pre-visit Status: She is working fulltime. She takes Aleve prn. Objective findings on exam included examination of left upper extremity active range of motion within normal limits in hand fingers and forearm. There is mild tissue swelling on the proximal mid dorsal hand extending to the wrist, moderate tenderness to palpation. No erythema. Neurological exam revealed bilateral Thenar and intrinsic strength is 5/5. Sensation intact to light touch. Diagnoses: (1) Sprain or strain of bilateral wrist and (2) Sprain/strain right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR LEFT UPPER EXTREMITY MRI: Upheld

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

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

Decision rationale: The patient is currently back to working full time, examination on 12/19/13 revealed normal motor strength and sensation. The medical records clearly demonstrate that the patient's upper extremity condition has improved. In the absence of any clinically significant functional deficits on examination, recent trauma or failure to respond to conservative care, MRI study is not indicated. The medical necessity of MRI of the upper extremity has not been established.