

Case Number:	CM13-0059745		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2011
Decision Date:	05/07/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 39 old male with an injury date on 09/11/12. Based on the 10/22/13 progress report provided by [REDACTED], the patient's diagnosis include lumbar spine strain, left shoulder subacromial impingement syndrome, left medial epicondylitis, cervicothoracic spine strain, left carpal tunnel syndrome, and left cubital tunnel syndrome. [REDACTED] is requesting for a MRI of the left wrist/hand. The utilization review determination begin challenged is dated 11/04/13 and recommends denial of the MRI. [REDACTED] is the requesting provider, and he provided treatment reports from 06/07/13- 10/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT WRIST/HAND: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Section.

Decision rationale: According to the 10/22/13 progress report, the patient presents with lumbar spine strain, left shoulder subacromial impingement syndrome, left medial epicondylitis, cervicothoracic spine strain, left carpal tunnel syndrome, and left cubital tunnel syndrome. The

request is for a MRI of the left wrist/hand. The request was denied by utilization review letter dated 11/04/13. The rationale was that the "initial presentation and the cursory notes of 10/23/13 do not support the requests for imaging every body part cited as a place of pain, and no neurological deficits are noted that would require EMG studies of all the extremities." The Official Disability Guidelines (ODG) state that "magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures." It is also indicated if ligament tear is suspected. The 10/22/13 also states that an MRI of the left wrist and left hand is needed because "it would impact the type of procedure performed on the left elbow." Given the persistent, chronic wrist/elbow pain and failure to improve with conservative care, an MRI appears reasonable at this juncture. Provided reports do not show that this patient has had an MRI before. Recommendation is for authorization.