

Case Number:	CM14-0101273		
Date Assigned:	07/30/2014	Date of Injury:	02/07/2012
Decision Date:	10/02/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 41 year-old female was reportedly injured on February 7, 2012. The mechanism of injury is noted as a fall type event. The most recent progress note, dated June 12, 2014 indicates that there are ongoing complaints of bilateral ankle, bilateral knee, and no other symptoms. The physical examination demonstrated a positive McMurray's and a positive tenderness a poster ligament of the bilateral knees and the posterior aspect of the bilateral ankles. Diagnostic imaging studies (MRI the right wrist dated February 19, 2014) objectified cystic changes in those findings consistent with a carpal tunnel syndrome. Previous treatment includes multiple medications, physical therapy, acupuncture, massage and pain management interventions. A request had been made for MRI the right wrist and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Forearm, Wrist and Hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings were that there was a previous MRI that was completed several months ago and no acute abnormalities were reported; there is no clinical indication for a repeat MRI of the right wrist at this time. Therefore the request for MRI of the Right Wrist is not medically necessary and appropriate.