

Case Number:	CM14-0018808		
Date Assigned:	04/25/2014	Date of Injury:	09/15/2013
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 37-year-old female who reported an injury on 09/15/2013 due to a trip and fall. The injured worker reportedly sustained an injury to her left hand, knee, shoulder, and ankle. Treatment history included activity modification, medications, and wrist and knee braces. The injured worker was evaluated on 12/27/2013. It was documented that she had continued pain complaints of multiple body parts of the left side of her body. Physical findings included examination of the left shoulder documented limited range of motion and tenderness to palpation over the acromioclavicular joint with a positive impingement sign, 4/5 motor strength. Evaluation of the left wrist determined limited range of motion, a negative Phalen's, and negative carpal compression test. It was documented that the injured worker had full range of motion although painful of the finger joints with a slightly decreased grip strength rated at a 4/5, limited by pain. Evaluation of the left hip documented limited range of motion with tenderness to palpation over the trochanteric bursa with a positive Faber test. Evaluation of the left knee documented limited range of motion with crepitus, tenderness along the medial and lateral joint lines. Evaluation of the left ankle documented painful range of motion and tenderness to palpation of the lateral medial malleolus. The injured worker's diagnoses included left shoulder arthralgia, left wrist arthralgia, left hip arthralgia, left knee arthralgia, and left ankle arthralgia. The injured worker's treatment plan included a wrist and left knee brace, chiropractic care with physical modalities, and medications. A request was made for an MRI of the left wrist, left shoulder, left hip, and left ankle. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST ON THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested MRI of the left wrist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends MRIs for subacute and chronic hand, wrist, and forearm disorders prior to evaluation from a qualified specialist and when surgical intervention is being considered. The clinical information submitted for review does not provide any evidence that the injured worker is being referred to a hand specialist that would require an MRI reading of the left wrist. Additionally, there is no documentation that the injured worker is a surgical candidate at this time. The clinical documentation submitted for review does indicate that the injured worker has persistent pain. However, there is no documentation that any type of active therapy has been attempted to assist the injured worker in pain control. Therefore, the need for an MRI is not clearly indicated. As such, the requested MRI of the left wrist is not medically necessary or appropriate.