

Case Number:	CM14-0126056		
Date Assigned:	09/24/2014	Date of Injury:	08/08/2013
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 55-year-old female who reported an injury on 08/08/2013. The mechanism of injury was not provided. The surgical history was noted to include a left shoulder surgery. The diagnostic studies were not provided. Other therapies included anti-inflammatories and physical therapy. The injured worker underwent a MRI of the cervical spine. Recent documentation, dated 04/04/2014, revealed the injured worker had neck pain and bilateral upper extremity pain. Physical examination of the bilateral wrists revealed decreased range of motion. The injured worker had full flexion and extension of the fingers. The diagnoses included status post left shoulder arthroscopy with excellent improvement, but with persistent cervical radiculopathy. The treatment plan included a C5-6 anterior cervical discectomy and fusion. There was no request for authorization, rationale or physician documentation submitted for review for the MR Arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram left wrist: Upheld

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

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 weeks period of conservative care or observation. The clinical documentation submitted for review failed to provide documented rationale for the requested service. There was a lack of physical examination and Request for Authorization submitted for the requested service. Given the above, and the lack of documented rationale, the request for MRI Arthrogram left wrist is not medically necessary.