

Case Number:	CM14-0152284		
Date Assigned:	09/22/2014	Date of Injury:	08/08/2014
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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 Geriatrics and is licensed to practice in New York. 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 69 year old woman with a date of injury of 8/8/14. She was seen by her physician on 8/15/14 with complaints of pain after a fall on her right side resulting in a head injury and shoulder/elbow/wrist sprain. Her exam showed limitations in range of motion of the right shoulder and tenderness to the right superior trapezius area and a positive Hawkins'. Her right elbow had a superficial abrasion with an area of ecchymosis to the right lateral epicondyle and point tenderness. She had swelling of the dorsal ulnar aspect of the right wrist and point tenderness with compression with limited range of motion. She had left lateral ankle swelling. Her diagnoses included right parietal contusion, right shoulder strain - possible internal derangement, right elbow strain, right wrist strain - suspect triangular fibrocartilage complex tear and right ankle sprain. At issue in this review is the request for a right wrist MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 285.

Decision rationale: The request in this injured worker with chronic right upper extremity and back pain is for a MRI of the right wrist. The records document a physical exam with pain with palpation of the wrist and limitations in range of motion but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The medical records do not justify the medical necessity for a right wrist MRI.