MAXIMUS Federal Services

Case Number:	CM14-0025601		
Date Assigned:	06/13/2014	Date of Injury:	10/18/2011
Decision Date:	07/15/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 36 year old male who is reported to have sustained multiple injuries as a result of a trip and fall occurring on 10/18/11. It is reported on this date that the injured worker was descending stairs with some blinds when he tripped and fell sustaining multiple injuries. The submitted records indicate that the injured worker has extensive complaints regarding the lumbar spine, cervical spine, headaches, right ankle, and right wrist. Per a clinical note dated 02/07/14, the injured worker has complaints of right wrist pain. On physical examination, he was noted to have low back pain with decreased range of motion. No other information was provided. On the subsequent follow up note dated 03/20/14, it is noted that the injured worker has tenderness along the cervical and lumbar paraspinal muscles bilaterally and pain with facet loading. He is reported to have a positive Tinel's at the wrist and elbow on the right as well as positive reverse Phalen's. There is a negative Phalen's on the right. All findings are negative on the left. He has tenderness along the 1st extensor, carpometacarpal joint (CMCJ), saphotrapezotrapezoidal (STT) joint as well as along the dorsum of the wrist on the right and mild weakness against resistance. He is reported to have a positive Tinel's at the wrist with tenderness along the carpal tunnel on the right. The most recent clinical note is dated 06/04/14 and states that the injured worker's pain levels are 8-10/10 in the neck and low back. He is being maintained on Norco and Tramadol. He reports frequent numbness in the right hand. On physical examination, he is noted to have reduced cervical range of motion. Range of motion of the right wrist is reported as satisfactory. Lumbar range of motion is reduced and range of motion of the right ankle is satisfactory. The record contains a utilization review determination dated 02/26/14 in which a request for an MRI of the right wrist was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist, MRI.

Decision rationale: The request for an MRI of the right wrist is not supported as medically necessary. The submitted clinical record provides no substantive data to establish that the injured worker's subjective wrist complaints have digressed. There is very little information regarding detailed examinations and according to the most recent submitted note, his right wrist range of motion is satisfactory. The information as provided does not support the medical necessity for the performance of an MRI of the right wrist.