

Case Number:	CM14-0028999		
Date Assigned:	04/07/2014	Date of Injury:	04/15/2013
Decision Date:	05/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/17/2014

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 Family Medicine 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:

This injured worker's date of injury is 04/15/13. The patient's treating physician is treating the patient for chronic left wrist/hand pain. The patient also complains of chronic pain in the neck, upper back, lower back, right wrist/hand pain, right thigh pain, left thigh pain, and left knee pain, as described in a medical note dated 11/07/13. An EMG and NCV study showed evidence of bilateral carpal tunnel syndrome on 11/7/13. The treating physician is requesting an MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Procedure Summary.

Decision rationale: According to the Official Disability Guidelines (ODG) an MRI of the wrist is medically indicated to evaluate the effects of acute trauma to the wrist, especially in cases where the physical exam and plain film radiographs do not pinpoint an anatomical source of the

patient's problem clearly. An MRI may be indicated to evaluate a suspected acute scaphoid fracture of soft tissue tumor. Based on the documentation presented in this case, the request cannot be supported. The request for a MRI of the left wrist is not medically necessary and appropriate.