MAXIMUS Federal Services

Case Number:	CM14-0033140		
Date Assigned:	09/10/2014	Date of Injury:	12/02/2013
Decision Date:	12/04/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of December 2, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for an MRI of the wrist, invoking non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG guidelines, the former of which was mislabeled as originating from the MTUS. The claims administrator suggested that the attending provider had sought MRI imaging to rule out the presence of ligamentous pathology.The applicant subsequently appealed.In a progress note dated February 4, 2014, the applicant reported ongoing complaints of left wrist pain reportedly associated with an industrial motor vehicle accident. The applicant was not working, it was acknowledged, despite having completed six weeks of physical therapy. The applicant exhibited tenderness about the wrist. The attending provider stated that the applicant would likely need an MRI of the pelvis and/or MRI imaging of the wrist to assess possible ligamentous damage. Portions of the attending provider's progress note were left blank owing to an incoherent dictation. On February 11, 2014, the applicant had issues with residual left hand and wrist pain with associated tenderness. 70% flexion of the wrist was appreciated. The requesting provider suggested that the applicant might need "some definitive work" to facilitate his return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines:Regarding MRI's

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 does note that the use of MRI imaging of the forearm, wrist, and/or hand is "optional" prior to history and physical examination by a qualified specialist, in this case, the applicant has apparently been evaluated by a qualified specialist. The applicant has had residual wrist pain complaints on and around the three- to four-month mark of the date of injury. The requesting provider suggested that he was inclined to suspect some ligamentous pathology and further suggested that the applicant might need definitive work/surgical treatment involving the injured wrist. MRI imaging is indicated to delineate the presence or absence of lesion amenable to surgical correction. Therefore, the request is medically necessary.