

Case Number:	CM14-0067345		
Date Assigned:	07/11/2014	Date of Injury:	11/10/2010
Decision Date:	09/18/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on November 10, 2010. The mechanism of injury is not listed in these records reviewed. There is no progress note in the attach medical record which indicates the injured employees mechanism of injury, prior treatment, current complaints, and a physical examination. An MRI the right wrist was performed on March 10, 2014, which identified a TFCC and lunotriquetral ligament tear, TCU tendinosis, and a synovial cyst proximal to the pisotruquetral joint. A request had been made for an MRI of the right wrist and was not certified in the pre-authorization process on April 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist: Upheld

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

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, Magnetic Resonance Imaging, Updated August 8, 2014.

Decision rationale: This appears to be a retrospective request as an MRI of the right wrist was already performed on March 10, 2014. However as there is no information supplied regarding the injured employees mechanism of injury, prior treatment, current complaints, any current physical examination, this request for an MRI the Right Wrist is not medically necessary.