

Case Number:	CM14-0069694		
Date Assigned:	07/16/2014	Date of Injury:	04/25/2013
Decision Date:	10/06/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain 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 31-year-old female who reported to injuries to her right wrist due to data entry and lifting boxes on 04/25/13. Clinical note 11/11/13 reported that the injured worker returned to the clinic following MRI scan. The injured worker continued to complain of dorsal wrist pain and has not returned to work, as she left her job in the late spring given her pain. The injured worker denied any numbness/tingling. The worker stated that her pain is present along the dorsum of the wrist and denied any catching or locking. Physical examination noted wrist range of motion of the left is normal; tenderness to palpation of the dorsocentral wrist along the scapholunate articulation; Watson's test negative; pain is reduced with dorsiflexion; no noticeable masses; carpal tunnel provocative testing is completely negative; thenar strength is normal. MRI dated 09/12/13 was unremarkable.

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

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 Chapter, MRI's (Magnetic Resonance Imaging).

Decision rationale: The request for MRI of the right wrist is not medically necessary. The basis for denial of the previous request was not provided for review. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no physical examination findings of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given this, the request for MRI of the right wrist is not indicated as medically necessary.