

Case Number:	CM14-0080131		
Date Assigned:	07/18/2014	Date of Injury:	10/26/2011
Decision Date:	08/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year-old female with the date of injury of 10/26/2011. The patient presents with pain in her left wrist which prevents most use of her left arm. According to [REDACTED] report on 06/09/2014, her diagnosis is the following lumbar radiculopathy, cervicobrachial syndrome, internal derangement of the left knee, myofascial pain syndrome, sprain meniscus tear (left), and sprain of knee & leg NOS (left). [REDACTED] requested for MRI of her left wrist without contrast. The utilization review determination being challenged is dated on 05/21/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/06/2014 to 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Wrist without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, MRI's (magnetic resonance imaging).

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) - http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm.

Decision rationale: The patient presents with pain in her left wrist which prevents use of her left arm in most situations. The request is for MRI of her left wrist without contrast. Review of the reports does not indicate that the patient had a previous MRI of her left wrist. In addition, the physician does not indicate why MRI of her left wrist is being requested. There are no reports that specifically discuss this request. ACOEM guidelines do not support special studies in most hand/wrist problems. Official Disability Guidelines does not recommend it unless tumor, Kienbock's disease, or ligament injuries are suspected. In this case, such suspicions are not discussed in any of the reports. Examination findings do not show evidence of ligament injuries, soft tissue tumors or other concerns. Therefore, this request is not medically necessary.