

Case Number:	CM14-0171730		
Date Assigned:	10/23/2014	Date of Injury:	04/23/2009
Decision Date:	01/06/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 43-year-old female with a date of injury of April 23, 2009. She has been diagnosed with a sprain of the left wrist. She continues to have chronic pain in the left wrist and forearm. Physical exam findings show no atrophy in any muscle groups. There is no inflammation or localized swelling noted on physical examination. There is normal range of motion of the fingers wrists and elbows. Sensation is noted to be normal and Tinel's test is noted to be negative. The patient has had x-rays and a magnetic resonance imaging (MRI) of the left wrist. Patient continues to have left wrist pain. At issue is whether another MRI study of the left wrist is medically necessary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS elbow and pain chapter, ODG elbow and hand chapter

Decision rationale: This patient does not meet established criteria for another magnetic resonance imaging (MRI) of the left wrist. Specifically the patient has already had x-rays and MRI of the left wrist. Physical exam findings are minimal. There is no documentation of recent conservative measures for the treatment of wrist pain to include physical therapy. There is no documentation of instability of the wrists. Another MRI is not medically necessary at this time. Also, there is no documentation of an abrupt change in the patient's symptomatology. MRI is not medically necessary at this time.