

Case Number:	CM14-0197886		
Date Assigned:	12/08/2014	Date of Injury:	12/22/2000
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/25/2014

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 Pain Medicine and is licensed to practice in Texas & Oklahoma. 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:

This is a 54 year old female with a work related injury dated 12/22/2000. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a pain management follow up note dated 10/03/2014, the injured worker presented with complaints of pain in the cervical spine, left shoulder, bilateral wrists, lumbar spine, and bilateral knees. Diagnoses included cervical sprain/strain, left shoulder internal derangement, right wrist sprain/strain, bilateral wrist carpal tunnel syndrome, lumbar disc disease, lumbar radiculopathy, lumbar musculoligamentous strain, status post left knee Arthrogram with residual, right knee internal derangement, and psych problem. Treatments have consisted of medications and psychological treatment sessions. The physician stated they are awaiting authorization for Physical Therapy and left knee brace. Diagnostic testing included urine drug testing dated 07/11/2014 and 08/01/2014. Work status is noted as off work. The rationale was not provided. The Request for Authorization form was not submitted for review. On 10/28/2014, Utilization Review non-certified the request for MRI of the Right Wrist and MRI of the Left Wrist citing California Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines, Forearm, Wrist, and Hand Complaints and Official Disability Guidelines, Forearm, Wrist, & Hand. The Utilization Review physician stated there is no documented suspicion of soft tissue tumor or Kienbock's disease, no prior imaging studies included for review, and the injured worker has been recommended for conservative treatment with physical therapy, which should be completed prior to consideration of advanced imaging. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand (updated 08/08/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, MRI's (magnetic resonance imaging)

Decision rationale: The request for MRI of the left wrist is not medically necessary. The California MTUS/ACOEM Guidelines state that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. There was no indication that the injured worker had failed any conservative treatment of the left wrist. There was no indication that the injured worker had shown any red flag symptoms that needed to be ruled out using special imaging studies. Furthermore, the rationale for the MRI of the left wrist was not provided. Given the above, the request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG Forearm, Wrist & Hand (updated 08/08/2014)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, MRI's (magnetic resonance imaging)

Decision rationale: The request for MRI of the right wrist is not medically necessary. The California MTUS/ACOEM Guidelines state that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. There was no indication that the injured worker had failed any conservative treatment of the right wrist. There was no indication that the injured worker had shown any red flag symptoms that needed to be ruled out using special imaging studies. Furthermore, the rationale for the MRI of the right wrist was not provided. Given the above, the request is not medically necessary.