

Case Number:	CM14-0208112		
Date Assigned:	12/22/2014	Date of Injury:	09/30/2008
Decision Date:	02/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of September 30, 2008. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for MRI imaging of the left wrist. The claims administrator referenced a progress note of October 20, 2014 in its determination. The applicant's attorney subsequently appealed. On September 15, 2014, the applicant reported ongoing complaints of knee, shoulder, low back, and neck pain. The applicant was placed off of work, on total temporary disability. A left wrist MRI and left wrist EMG were apparently endorsed. The applicant had bilateral knee arthrogram which demonstrated bilateral knee meniscal tears. The attending provider stated that he had no recent lumbar MRI and no MR arthrogram involving the knee, shoulder, and/or wrist. The attending provider did not clearly state for what purpose he was requesting so many different MRIs. The attending provider seemingly suggested that he was obtaining the proposed wrist MRI in preparation for a consultation with a hand specialist of some kind. The applicant's primary pain generators were, however, the bilateral knees, it was acknowledged. The applicant was not working and had last worked in July 2013, it was acknowledged. The applicant's hand and wrist issues were not clearly described, either historically or on exam. In a May 12, 2014 progress note, the attending provider stated that he was obtaining electrodiagnostic testing of the upper extremities to rule out radiculopathy versus neuropathies. The attending provider stated that the applicant carried diagnosis of wrist tenosynovitis on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: While the attending provider has not described or characterized the applicant's wrist issues in any great length or great detail, it was suggested on a progress note of May 12, 2014 that the applicant carried a primary operating diagnosis of wrist tenosynovitis. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-6, page 269 scores MRI imaging a 0/4 in its ability to identify and define suspected wrist tenosynovitis. It is not clear why MRI imaging is being sought for a diagnosis for which it is scored so poorly, per ACOEM. It is further noted that the attending provider seemingly stated that he was ordering multiple MRI studies of numerous body parts on the grounds that he had not obtained recent MRIs, implying that the MRI of the wrist at issue was being sought for routine or evaluation purposes, with no clearly formed intention of acting on the result of the same. Therefore, the request is not medically necessary.