

Case Number:	CM14-0036864		
Date Assigned:	06/25/2014	Date of Injury:	05/15/2012
Decision Date:	05/06/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/26/2014

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old female who sustained an industrial injury on March 14, 2013. She has reported injury to the neck, right shoulder, right wrist, and low back and has been diagnosed with cervical disc syndrome, status post cervical spine surgery, carpal tunnel syndrome, low back syndrome, and left knee osteoarthritis/degenerative joint disease. Treatment has included surgery, medications, and injections. Currently the injured worker complains of right shoulder pain, right wrist pain, and low back pain. The treatment request included an MRI of the right wrist without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines forearm and Hand (acute on chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, wrist & hand MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with pain affecting the cervical & lumbar spine, bilateral shoulder, and bilateral wrist. The current request is for MRI of the right wrist without contrast. In the records provided for review, it does not appear that the patient has had a prior MRI of the wrist. The treating physician states, "I am re-requesting authorization for an MRI of the bilateral shoulders and wrists, to rule out soft tissue trauma, cartilage damage, or tendonous and ligamentous tears." (36B) The MTUS guidelines support MRI's of the wrist if the patient has, "Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)." In this case, the treating physician has documented a need to rule out a ligament injury for this patient. The current request is medically necessary and the recommendation is for authorization.