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| Case Number: | CM15-0104679 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 10/16/2014 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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

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 injured worker is a 50-year-old male who sustained an industrial injury on 10/16/2014 resulting in left wrist pain, with numbness and tingling radiating to the fingers. He was diagnosed with sprain of unspecified site of wrist. Treatment has included cortisone injections with no relief, physical therapy with reported minimal improvement, medication, heat, and home exercise. The injured worker continues to report left wrist pain and finger tingling. The treating physician's plan of care includes MRI of the left wrist, with and without contrast. He is currently on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Left Wrist, with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-272.

Decision rationale: The MTUS Guidelines do not recommend the use of MRI as a routine evaluation tool for wrist injuries as most recover quickly and can be diagnosed without imaging. In the absence of red flags, conservative therapy should be utilized for 6-8 weeks prior to imaging or special tests are considered. In this case, there was a prior MRI on 12/11/14 and a set of plain xrays on 4/29/15. There is no evidence of a change in symptoms since the prior imaging studies and no explanation of why another MRI would be beneficial. The request for MRI (magnetic resonance imaging), left wrist, with and without contrast is not medically necessary.