

Case Number:	CM15-0010772		
Date Assigned:	01/28/2015	Date of Injury:	10/10/2013
Decision Date:	04/22/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 63-year-old female, with a reported date of injury of 10/10/2013. The diagnoses include left forearm/wrist sprain/strain. Treatments have included trigger point injections to the cervical spine and left shoulder, twelve (12) physical therapy sessions, ten (10) chiropractic sessions, oral medications, and topical pain cream. The progress report dated 01/06/2015 indicates that the injured worker had cervical spine pain, with radiation to the bilateral shoulders and spasms, rated 8-9 out of 10; left shoulder pain, rated 8-9 out of 10; left elbow pain, rated 6-7 out of 10; left thumb pain, that radiated to the wrist and forearm, rated 6-7 out of 10. The objective findings included increased pain caused headaches and let eye twitching, pain in the trapezius muscles, and tenderness of the lateral epicondylar of the left elbow. The treating physician requested an MRI of the left wrist/hand due to increased pain, and physical therapy did not help significantly. On 01/20/2015, Utilization Review (UR) denied the request for an MRI of the left wrist/hand as an outpatient, noting that there was insufficient clinical evidence to support the need of an enhanced imaging study and no evidence of the instability or criterion to suggest the need for additional intervention. The ACOEM Guidelines were cited.

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/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the wrist. The records document a physical exam with tenderness of the lateral epicondylar of the left elbow. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The medical necessity of a wrist MRI is not substantiated in the records.