

Case Number:	CM15-0015803		
Date Assigned:	02/05/2015	Date of Injury:	10/14/2014
Decision Date:	04/02/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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, Arizona

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 30-year-old female who reported an injury on 10/14/2014. The mechanism of injury was the injured worker was trying to pull a filter out from a coffee making machine and felt as if something popped in her wrist. Medications included ibuprofen. The surgical history was not provided. The injured worker was noted to have physical therapy with no relief and had tried a wrist brace. The injured worker was utilizing ice. The most recent documentation was dated 11/14/2014. The documentation indicated the injured worker had completed 2 sessions of 6 sessions of therapy. The physical examination revealed crepitus, tenderness, effusion, and tenderness over the diffuse right wrist. Sensation was normal to touch and pinprick and vibration and proprioception senses were intact. The diagnosis included wrist pain and wrist strain. There was a request for a referral to an orthopedist. The injured worker was noted to be utilizing wrist braces. The rationale and request for authorization were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand, MRI's.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for most injured worker presenting with true hand and wrist problems, special studies are not needed unless there has been a 4 to 6 week period of conservative care and observation. The injured worker had pain and tenderness in her wrist and had not finished therapy upon evaluation. There was a lack of documentation indicating a rationale for the requested MRI. Given the above and the lack of documented rationale, the request for MRI of the right wrist is not medically necessary.