

Case Number:	CM15-0133529		
Date Assigned:	07/21/2015	Date of Injury:	10/23/2007
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial /work injury on 10/23/07. He reported an initial complaint of back, left hand, and neck pain. The injured worker was diagnosed as having developmental dislocation of joint, closed fracture of metacarpal bones, unspecified. Treatment to date includes medication, psychiatric care, orthopedic care, and diagnostics. Currently, the injured worker complained of flare up to include stabbing, burning, sharp pain in left hand/wrist, stiff neck with burning at the shoulder blades. Per the primary physician's report (PR-2) on 6/4/15, exam noted tenderness of the soft tissue with swelling to the dorsum of the left wrist, painful grip. Current plan of care included medication and diagnostic testing. The requested treatments include MRI without contrast for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the left wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 329.

Decision rationale: According to the guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. In this case, there was scapholunate tenderness in the wrist. There was history of prior fracture and indication of persistent current pain and restriction in range of motion. The test was requested by Orthopedics. The request is medically necessary.