MAXIMUS Federal Services

Case Number:	CM15-0181206		
Date Assigned:	09/22/2015	Date of Injury:	10/07/2013
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 54 year old male, who sustained an industrial injury on 10-07-2013. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for status post left shoulder surgery, history of left wrist fracture, hyperlipidemia, cervical C6 radiculopathy, right shoulder pain, cervical degenerative disc disease, sleep issues, and myofascial pain. Treatment and diagnostics to date has included psychiatric treatment, heat, use of TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Naproxen, Omeprazole, LidoPro cream, Gabapentin, and Escitalopram. In a progress note dated 08-12-2015, the injured worker reported continued left shoulder, wrist, and neck pain. Objective findings included tenderness to palpation on lateral aspect of left wrist with weak grip and hypertonicity to the left trapezius. The request for authorization dated 08-12-2015 requested MRI of left wrist. The Utilization Review with a decision date of 08-24-2015 denied the request for MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Job Analysis, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation of patients with forearm, wrist and hand complaints. These guidelines include recommendations in obtaining a detailed history of the complaint, in assessing for the presence of red flags (which may signify a serious underlying condition) and in performing a focused physical examination. In this case, the medical records provided for review do not provide sufficient detail regarding the patient's left wrist symptoms to allow for consideration of potential etiologies. The records state "prior fracture;" however, there is no plain X-ray report in the medical records to support this diagnosis. The MTUS/ACOEM Guidelines also provide guidance as to the reasons to choose MRI imaging of the wrist in their summary table. Based on the medical records available for review, there are no indications to support an MRI. However, it appears an MRI was completed on 8/28/2015. The findings of the MRI are non-specific and do not assist in determining the underlying cause of this patient's chronic pain syndrome. In summary, there is inadequate documentation of this patient's history and physical examination findings to assess the probable cause of the chronic left wrist pain. An MRI, while completed, was not medically necessary.