

Case Number:	CM15-0197096		
Date Assigned:	10/12/2015	Date of Injury:	10/05/2011
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 54 year old female, who sustained an industrial injury on 10-5-11. The documentation on 9-17-15 noted that the injured worker has complaints of bilateral wrist pain with a pan level of 5 to 7 out of 10. There is tenderness to bilateral wrist and range of motion pain. There is positive phalen's test bilaterally with weakness to right thumb. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; bilateral knee meniscals tear; bilateral carpal tunnel syndrome and myospasm. Treatment to date has included acupuncture; chiropractic therapy; topical compound creams; Tramadol; cyclobenzaprine; omeprazole and Tramadol. The original utilization review (9-25-15) non-certification the request for magnetic resonance imaging (MRI) of the left wrist. Several documents within the submitted medical records are difficult to decipher.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and hand, Indications for imaging - magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with unchanged non-progressive exam findings without instability or neurological deficits for this May 2011 chronic injury. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the left wrist is not medically necessary and appropriate.