

Case Number:	CM15-0024557		
Date Assigned:	02/17/2015	Date of Injury:	05/23/2007
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 sustained an industrial injury on October 13, 2014. He has reported back and wrist pain and has been diagnosed with national governing body, erectile dysfunction, umbilical hernia, and urinary frequency. Treatment has included three wrist surgeries, two shoulder surgeries, two back surgeries, and medications. Currently the injured worker complains of constant pain to the right shoulder, left wrist, and low back pain. Treatment included injections, medications, and a short course of physical therapy. On January 22, 2015 Utilization Review non certified MRI without contrast left wrist citing the MTUS guidelines.

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: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic).

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for chronic pain including left wrist pain. He has undergone multiple surgeries. He has tenderness with decreased range of motion and weakness. Criteria for MRI scanning in this scenario include a significant change in symptoms and / or findings suggestive of significant pathology. In this case, although the claimant's condition is complex and he has undergone multiple wrist surgeries, there are no reported physical examination findings or change in his condition that would support the need for the requested MRI scan. It is not considered medically necessary.