

Case Number:	CM15-0212340		
Date Assigned:	11/02/2015	Date of Injury:	03/19/2015
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina

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 21 year old female who sustained an industrial injury on 3-19-15. She is working. Medical records indicate that the injured worker has been treated for sprain-strain wrist-hand, right. She currently (4-8-15) has no pain in the right wrist. She did not start occupational therapy but was doing home exercises and massage which was helpful. She used a wrist support and hot-cold pack. She wants to return to regular duty. Physical exam of the right wrist was normal. Diagnostics were not present. The request for authorization was not present. On 10-19-15 Utilization Review non-certified the request for MRI of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the right 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 & Hand, MRIs (magnetic resonance imaging).

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

Decision rationale: The ACOEM chapter on wrist complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection. Or carpal tunnel syndrome. The patient does not have signs per the documented physical exam of carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for wrist MRI have not been met and the request is not medically necessary.