

Case Number:	CM15-0089801		
Date Assigned:	05/14/2015	Date of Injury:	04/30/1998
Decision Date:	06/17/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55-year-old male, who sustained an industrial injury to the pelvis, lumbar spine and right wrist on 04/30/1998. The injured worker was run over by a 52-ton front-loader with other injuries the lungs and spleen. Documented treatments and diagnostic testing to date has included conservative care, medications, physical therapy, open reduction internal fixation of the pelvis, and splenectomy. Currently, the injured worker complains of constant pain in the low back with radiation to the leg, numbness in both legs, and pain in the left wrist. Pertinent objective findings include severe pain in the left wrist with inability to supinate the wrist, unable to fully dorsiflex or palmar flex the wrist, and significant restricted range of motion in the left wrist. There was no exam for the right wrist. Relevant diagnoses include chronic pain syndrome secondary to crush injury, fracture of the pelvis for the spinal stenosis with lumbar radiculopathy, and ankyloses of the left wrist secondary to crush injury. The request for authorization included MRI of the right wrist and 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 of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of MRI for wrist disorders. MRI has an ability to detect wrist infections. There is no clear evidence that the patient is suspected of having wrist infection. Therefore, the request for MRI of the left wrist is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of MRI for wrist disorders. MRI has an ability to detect wrist infections. There is no clear evidence that the patient is suspected of having wrist infection. Therefore, the request for MRI of the right wrist is not medically necessary.