

Case Number:	CM14-0162578		
Date Assigned:	10/07/2014	Date of Injury:	07/11/2014
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51-year-old female with a 7/11/14 date of injury; when she sustained injuries to the cervical spine, bilateral upper extremities and bilateral lower extremities while performing her regular customary job duties as a food preparer. The patient was seen on 9/23/14 with complaints of 6/10 bilateral wrist pain, right greater than left and numbness and tingling in the fingers. Exam findings revealed medial and lateral tenderness of the right wrist and positive Phalen's test on the right. The range of motion of the right wrist was: flexion 40 degrees, extension 45 degrees and ulnar and radial deviation 40 degrees. The diagnosis is bilateral wrist sprain, cervical and lumbar sprain/strain and bilateral shoulder derangement. Treatment to date: work restrictions, heat patch and medications. An adverse determination was received on 9/9/14; the determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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 (ODG), Forearm, Wrist & Hand (updated 02/18/2014), MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: CA MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. The patient complained of 6/10 pain in the right wrist and had positive Phalen's test on the physical examination. However, the radiographs of the right wrist were not available for the review. In addition, it is not clear if the patient sustained additional trauma to the right wrist since her initial injury. Therefore, the request for MRI of the right wrist was not medically necessary.