

Case Number:	CM14-0163880		
Date Assigned:	10/08/2014	Date of Injury:	03/09/2012
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the provided documents, this is a 60-year-old woman with a date of injury on 3/9/12. According to an agreed medical evaluation from 7/29/14, the patient sustained a cumulative trauma injury to her left shoulder, left elbow, left wrist and thoracic spine. The AME had previously examined the patient on 11/6/12. That report on page 18 indicated that the AME recommended MRIs of thoracic spine, left shoulder, left elbow and left wrist if they had not been done. Later in that same report it was stated that these would be used to determine whether or not any additional medical treatment was needed or to also aid with determination of apportionment. In that report the AME's diagnosis relating to the wrist was musculoligamentous sprain/strain left wrist, possible carpal tunnel syndrome. The disputed treatment is a retrospective request for MRI of the left wrist which was addressed in a utilization review determination letter from 9/22/14. The utilization review determination letter indicated that there was a retrospective authorization request dated 9/11/14 requesting the MRI of the wrist, elbow, shoulder and cervical spine. There was mention in that review of an MRI of the left wrist dated 8/8/13. There is a 10/14/13 report from the hand specialist that reviewed an MRI of the left wrist done on 8/8/13. After reviewing the documents it appears to this reviewer that the MRI in question refers back to the 8/8/13 MRI of the left wrist, over one year after the retrospective request for authorization. There is a 2/6/13 report from the hand specialist which indicates that the patient had had a PRP injection of the wrist but had not had much benefit from it. There is mention of a plan to repeat an MRI of the left shoulder as requested by the AME. The 4/8/13 report indicates that the patient was there with persistent pain in the neck, left shoulder, left elbow and left wrist and that she was unable to complete the MRIs as ordered by the AME due to anxiety and they were going to repeat the imaging in 3 separate sessions in an open setting. In none of the of the reports could this reviewer find that the treating physician actually requested the MRI of the left wrist and it appears that the

only reason it was being pursued was at the request of the AME for purposes of determining disability or need for additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI Left Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, & Hand, MRI's (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: MTUS guidelines do support specialty consultations when the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. According to the documents available for review, it appears the patient is not progressing from a pain and function perspective and therefore pain management consultation would be helpful in both diagnosis as well as treatment. Therefore at this time the requirements for treatment have been met and medical necessity has been established.