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| Case Number: | CM14-0165373 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 10/15/2012 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a woman with a date of injury of 10/15/12. She was seen by her primary treating physician on 9/5/12 with complaints of left wrist pain and low back pain. She was unsure if the trial of acupuncture was helpful. She manages her pain with rest. Her exam showed diminished grip strength on the left with slight/moderate pain in left wrist ulnar deviation. She had a positive Finklestein's test on the left and painful lumbar right lateral flexion motion. A straight leg raise elicited pain and she had moderate myospams bilaterally. Her diagnoses were left wrist sprain and tenosynovitis and lumbosacral sprain. At issue in this review is the request for a left wrist MRI / MRI joint upper extrem w/o dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upper extreme w/o dye: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 285.

Decision rationale: The request in this injured worker with chronic left wrist and back pain is for a MRI of the left wrist/ MRI joint upper extrem w/o dye. The records document a physical exam with diminished grip strength on the left with slight/moderate pain in left wrist ulnar deviation but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. The medical records do not justify the medical necessity for a left wrist MRI /MRI joint upper extreme w/o dye.