

Case Number:	CM14-0215742		
Date Assigned:	01/05/2015	Date of Injury:	07/29/2004
Decision Date:	02/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 60 year old male with date of injury 7/29/04. The mechanism of injury is not stated in the available medical records. The patient has complained of right wrist, right shoulder and right elbow pain since the date of injury. He has been treated with right shoulder arthroscopy and decompression, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the right shoulder, tenderness to palpation of the right glenohumeral joint, decreased motor strength of the right shoulder. Diagnoses: bilateral carpal tunnel syndrome, status post right shoulder surgery. Treatment plan and request: right wrist MRI.

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 Page(s): 268. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist & Hand Procedure Summary last updated 8/8/2014 Indications for MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 171-172.

Decision rationale: This 60 year old male has complained of right wrist, right shoulder and right elbow pain since date of injury 7/29/04. He has been treated with right shoulder athroscopy and decompression, physical therapy and medications. The current request is for MRI of the right wrist. Per the MTUS guidelines cited above, MRI of the wrist is not recommended for the evaluation and management of wrist pain prior to examination by a qualified professional. The available medical documentation does not include current documentation of objective and functional deficits of the right wrist. On the basis of the MTUS guidelines cited above and available medical documentation, MRI of the right wrist is not indicated as medically necessary.