

Case Number:	CM15-0111913		
Date Assigned:	06/18/2015	Date of Injury:	07/02/2014
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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 40 year old male, who sustained an industrial injury on 7/2/14. The injured worker has complaints of neck pain radiating into his arms with numbness and tingling and complaints of nee pain. The documentation noted on examination tender cervical paraspinal muscles and left knee with tenderness. The diagnoses have included cervical raciculopathy; left knee pain and myofascial pain. Treatment to date has included left knee arthroscopy on 12/1/14; naproxen; omeprazole; lidopro cream and physical therapy. Several documents within the submitted medical records are difficult to decipher. The request was for magnetic resonance imaging (MRI) right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (right wrist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wrist, & Hand Chapter.

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 wrist is not medically necessary.