

Case Number:	CM15-0118932		
Date Assigned:	06/29/2015	Date of Injury:	03/18/2014
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented ICW beneficiary who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of March 18, 2014. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for a wrist MRI imaging. An April 29, 2015 order form was referenced in the determination, along with a progress note dated April 1, 2015. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant removed ORIF hardware from the previously operated-upon right wrist. The claim administrator's medical evidence log suggested that the most recent notes on file were medical progress notes dated February 17, 2015 and a physical therapy progress note dated April 14, 2015; thus, it did not appear that either the April 1, 2015 progress note or the April 29, 2015 RFA form on which the article in question was sought were incorporated into the IMR packet. On February 17, 2015, the applicant was described as having ongoing complaints of bilateral wrist pain, 6/10. The applicant was described as recently having undergone a hardware removal surgery. 6/10 pain complaints were reported. The applicant's range of motion was described as improving.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): table 11-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: No, the request for MRI imaging of the left wrist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the usage of MRI imaging in the evaluation of the applicant's forearm, hand, and wrist complaints is optional prior to history and physical examination by a qualified specialist, here, however, little-to-no information accompanied the request. Neither the April 1, 2015 progress note nor the April 29, 2015 RFA form in which the article in question was sought were incorporated into the IMR packet. The historical information on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.