

Case Number:	CM15-0048549		
Date Assigned:	03/20/2015	Date of Injury:	06/03/2014
Decision Date:	06/05/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 6/3/2014. He reported sharp pain in the right arm, shoulder and hand when lifting a heavy pallet. Diagnoses have included right shoulder rotator cuff injury, right elbow lateral epicondylitis, right wrist strains, possible right rotator cuff tear and possible right upper extremity neuropathy. Treatment to date has included physical therapy and medication. According to the progress report dated 2/3/2015, the injured worker complained of constant, moderate to severe pain in the right shoulder, arm, forearm, wrist and hand. Physical exam revealed tenderness in the right elbow. Range of motion was decreased in the right shoulder. There was positive rotator cuff stress test. The injured worker was on temporary partial disability for four weeks with restrictions of no pushing, pulling and lifting up to five pounds and no over shoulder reaching. Authorization was requested for right wrist magnetic resonance imaging (MRI).

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 ACOEM 2012, Official Disability Guidelines (ODG), Wrist and Hand and FA sections: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269-270.

Decision rationale: The ACOEM chapter on forearm, wrist and hand complaints section on special diagnostic studies states the following provides a general comparison of the abilities of different imaging techniques to identify physiologic insult and define anatomic defects: MRI is not recommended for all acute, sub acute and chronic hand, wrist and forearm disorders. Recommendation is positive if suspicion of fracture not detectable by routine radiograph. The patient has not failed conservative measures. The need for imaging studies has not been established per guideline criteria. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.