

Case Number:	CM14-0101351		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	09/30/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old individual was reportedly injured on 10/23/2008. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 6/18/2014, indicated that there were ongoing complaints of neck and back pains, also depression due to loss of work and financial loss. The physical examination was handwritten and stated positive tenderness to bilateral wrists and positive Phalen's test bilaterally. There was also positive tenderness to bilateral shoulders and bilateral knees with restricted range of motion. Diagnostic imaging studies included x-rays of the right shoulder on 5/14/2014, which revealed ovoid sclerotic focus on the proximal humerus, which may reflect bony island. There was mention of MRIs of the cervical and lumbar spine from 4/30/2014, but official radiologic report was not available for review. Previous treatment included medications, and conservative treatment. A request had been made for MRI of the bilateral wrists and was not certified in the pre-authorization process on 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: CA MTUS guidelines do support MRIs of the wrists in cases where the injured worker has acute trauma with suspected distal radius fracture and normal radiographs, acute trauma with suspected scaphoid fracture, suspected Gamekeepers injury, soft tissue tumor, and Keinbock's disease. After review of the medical documentation provided, it is noted the injured worker does have positive Phalen's test and tenderness to bilateral wrists, but this does not meet the criteria according to guidelines for this diagnostic study. Therefore, this request is deemed not medically necessary.