

Case Number:	CM14-0140574		
Date Assigned:	09/10/2014	Date of Injury:	01/25/2013
Decision Date:	10/06/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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 & Rehabilitation, and is licensed to practice in Arizona. 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 patient is a 45-year-old male who suffered injuries on 1/25/2013 while working when he was attempting to prevent a copper wire from falling. Immediately he felt pain to his right wrist which was twisted and became swollen. Subsequently he underwent a surgical procedure and developed some cardiac complications such as atrial fibrillation which needed to be treated with cardioversion. He has received significant amount of treatment for wrist problems including physical therapy, acupuncture and a variety of medications. It appears that the treating physician recommended electrodiagnostic study which was performed on 4/23/2014. This study revealed some abnormalities in the paraspinal muscles but also 1+ positive wave in the triceps and biceps muscles. It is not quite clear from the medical records if this patient is experiencing cervical radicular symptoms. The examination performed by physicians showed normal reflexes and proximal strength in the extremities. Cervical spine MRI was requested which has been denied by a medical reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-179.

Decision rationale: It is not quite clear from the medical records if this patient is clinically suffering from cervical radiculopathy. Examination does not document any deficits. Electrodiagnostic study reveals mild abnormalities suggesting possible cervical radiculopathy. The need for imaging should be decided not only by the electrodiagnostic findings but also clinical presentation of the patient and the neurological examination which this patient obviously does not exhibit.