

Case Number:	CM13-0022691		
Date Assigned:	11/13/2013	Date of Injury:	11/22/2011
Decision Date:	01/21/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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:

A 47-year-old male previously treated for bilateral carpal tunnel syndrome. He says he has occasional numbness, and weakness and that his hand would "collapse". He complained that his hand would give way and did not "feel right". In the right wrist, he complained of pain mainly in the thenar area just proximal to that in the area of the scaphoid tubercle and FCR tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI Arthrogram of the Left Wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand

Decision rationale: The Physician Reviewer's decision rationale: This patient has chronic pain in the wrist with sensation of instability. Physical exam also shows signs of instability suggestive of potential soft tissue and ligamentous injury that would not be appreciated on routine Xray. Therefore, MRI with arthrogram is warranted as suggested by ODG guidelines quoted below.