

Case Number:	CM13-0030412		
Date Assigned:	11/27/2013	Date of Injury:	02/12/2012
Decision Date:	01/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine, has a subspecialty in Cardiology 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:

The patient is a 29-year-old female who reported an injury on February 12, 2012. The patient has a history of neck and right upper extremity pain complaints. The patient has current complaints of right upper extremity numbness and tingling. The patient has physical exam findings of positive Finkelstein's, a palpable nodule and some tenderness in the flexor tendon sheath, and positive Phalen's and Tinel's. The patient has been diagnosed with de Quervain's tenosynovitis and carpal tunnel syndrome. The patient has been recommended for surgical intervention. Prior x-rays of the right wrist were noted to be normal. The patient has also been recommended for an MRI and electrodiagnostic study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The CA MTUS/ACOEM guidelines state that "Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific

disorders." The documentation submitted for review indicates that the patient has physical exam findings consistent with peripheral neuropathies to include carpal tunnel syndrome, as well as a diagnosis of de Quervain's tenosynovitis. Neither of these diagnoses would require an MRI of the right wrist. The patient does not have any specific physical examination findings to suggest a specific disorder that would require the use of an MRI to diagnose. As such, the request is non-certified at this time.