

Case Number:	CM13-0032152		
Date Assigned:	12/04/2013	Date of Injury:	07/12/2010
Decision Date:	02/07/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Practice, has a subspecialty in Pediatrics, 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 female claimant sustained an injury in 2010 that resulted in right elbow, shoulder, and wrist pain. A previous MRI had confirmed a diagnosis of lateral epicondylitis. She also had a diagnosis of right rotator cuff syndrome. Prior treatments have included therapy, topical analgesics, and oral analgesics. A recent exam report on 8/22/13 did not mention wrist pain, but an examination showed a positive Tennial's sign, tenderness over the right radio-ulnar joint, and abnormal 2-point discrimination in the right medial nerve. An electromyogram/nerve conduction velocity test of the upper extremities and MRI of the right wrist were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist magnetic resonance imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 271-273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): s 269-273.

Decision rationale: According to the American College of Occupational and Environmental Medicine guidelines, table 11-6, an MRI is more useful in evaluating infection. In this case a Tinnel's signs may be indicative for Carpal Tunnel not infection. An MRI is considered optional

when ordered by a specialist. Furthermore, there is no documentation of empirical treatment such as rest, bracing, therapy, activity modification. As a result an MRI of the wrist is not medically necessary.