

Case Number:	CM13-0047796		
Date Assigned:	02/24/2014	Date of Injury:	01/14/2012
Decision Date:	12/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Practice, 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 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:

65 yr. old female claimant sustained a work injury on 11/14/12 involving the right wrist. She was diagnosed with carpal tunnel syndrome. She underwent a right carpal tunnel release was done on 3/5/13. A progress note on 9/6/13 indicated the claimant had tenderness over the right ulnar nerve. A previous MRI indicated possible fibrosis vs. cyst over the right median nerve. An MRI arthrogram was requested to delineate if a cyst was causing compression. A progress note on 9/20/13 indicated the claimant had right palmar pain with hypersensitivity. Pain reduced 40% with topical analgesics. An MRI arthrogram was requested again.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM FOR THE RIGHT WRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the ACOEM guidelines, an MR arthrogram is optional for wrist complaints based on physical examination by a qualified specialist. According to the ODG

guidelines a repeat MRI is indicated if there are signs suggestive of significant pathology. In this case, a prior MRI showed a possible cyst. The claimant had persistent and chronic wrist pain despite carpal tunnel release. The request for an MR arthrogram of the wrist is medically necessary.