

Case Number:	CM13-0052692		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2008
Decision Date:	03/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/18/2013

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 Geriatrics, and is licensed to practice in New York. 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 51 year old man who sustained a work-related injury on 3/20/08 by falling off a bakery truck. He injured his low back right shoulder, wrist and elbow. He has had numerous diagnostic and therapeutic modalities, including activity and work modifications, medications, immobilization, TENS, physical therapy, a home exercise program, and chiropractic care. He underwent an EMG/NCV of the right upper extremity in May 2008, which revealed carpal tunnel syndrome. His current evaluation by his primary treating physician on 10/9/13 documents that he has 6/10 low back pain with numbness in his legs, right elbow pain 6/10 with clicking and numbness in the right small finger and numbness in the right ring finger, 5/10 right shoulder pain, 6/10 right hand and wrist pain with numbness and tingling, and 6/10 left wrist/hand pain. His physical exam was significant for myofascial tenderness to palpation on the right of the trapezium or posterior shoulder girdle. He had a positive right supraspinatus, Neer's and Hawkin's test. He had tennis elbow on the right. He had tenderness of the scaphoid and lunate carpal bones bilaterally, and tenderness of the wrist flexion /extension crease. His diagnoses were lumbar spine, rule out left radiculopathy; right lateral epicondylitis; right shoulder subacromial impingement syndrome; right wrist, rule out internal derangement; cervicothoracic spin strain; and history of recent left wrist injury (4/8/13). The treatment plan was to follow up in 4-6 weeks; authorization for physical therapy and MRI of cervical spine, thoracic spine, lumbar spine, right shoulder, right wrist, right elbow and right hand were denied.

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: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

Decision rationale: The records document a physical exam with pain with palpation of the wrist, but no red flags or indications for immediate referral or imaging. There was no physical exam evidence of fracture, dislocation, infection, tumor, vascular or rapidly progressing neurologic compromise. An MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. He already had a history of right carpal tunnel syndrome diagnosed in 2008. The medical records do not justify the medical necessity for a right wrist MRI. The request is noncertified.