

Case Number:	CM13-0057013		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2013
Decision Date:	04/10/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 50 year-old female who was injured on 6/25/13. She was pulling a laundry cart and another cart smashed her right hand. According to the 10/4/13 chiropractic report, the patient presents with varying intensity of pain in her right/wrist/hand. There is an 8/5/13 abnormal NCS for moderate median nerve compression at the carpal tunnel on the right. 10/21/13 x-ray of the right hand was unremarkable without degenerative changes or fracture. On 11/14/13 UR recommended non-certification for MRIs of the right wrist and right hand, based on the 11/8/13 report from [REDACTED]. The 11/8/13 report states the patient has 7/10 right wrist pain with numbness of the right hand and fingers. Phalen's test is positive. The diagnoses was right CTS and right wrist sprain. The chiropractor requested acupuncture and PT 1-2x/week, an MRI of the right wrist and hand and NCV/EMG of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI), 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with right hand pain. The 11/8/13 chiropractic report does not provide a rationale for the MRI of the right wrist, when x-ray are unremarkable and the diagnoses of CTS was already confirmed with electrodiagnostic studies. ACOEM does not state MRIs are necessary for the wrist or hand for the diagnosis of CTS. ODG guidelines state MRIs are "Not recommended in the absence of ambiguous electrodiagnostic studies" The request is not in accordance with ODG or ACOEM guidelines.

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