

Case Number:	CM13-0057254		
Date Assigned:	12/30/2013	Date of Injury:	08/11/2005
Decision Date:	07/30/2014	UR Denial Date:	11/15/2013
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 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 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:

The injured worker is a 32 year old woman with a date of injury of 8/11/05. She was seen by her primary treating physician on 11/1/13 with complaints of right elbow and right wrist pain which had increased since the last visit. Her current medications were Celebrex, Voltaren Gel and Zytex. She underwent right wrist surgery in 2006. She had no evidence of right cervical radiculopathy or median/ulnar neuropathies of the right arm on EMG/NCV in 4/13. She had a right wrist MRI arthrogram in 2010 showing a tear in the scapholunate, lunotriquetral ligament or both. Her physical exam showed normal elbow except tenderness to palpation over lateral epicondyle and negative Tinel's sign. Her right wrist showed no limitations in range of motion and negative Phalen's and Tinel's sign. She had tenderness to palpation over the ulnar side. Her diagnosis was hand and elbow pain. At issue in this review is an MRI of the right wrist to rule out ulnar carpal impaction.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: 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: This injured worker had prior radiographic studies including MRI of the right wrist in 2010. 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. A MRI can help to identify infection and minimally helpful to diagnose carpal tunnel syndrome. She already had an MRI completed in 2010. The medical records do not justify the medical necessity for a right wrist MRI.