

Case Number:	CM13-0059102		
Date Assigned:	12/30/2013	Date of Injury:	05/19/2012
Decision Date:	05/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/29/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 38 year old male who reported an injury on 05/19/2012, after an altercation with a suspect while performing normal job duties as a police officer. The injured worker reportedly sustained an injury to his right wrist and shoulder. Initial treatments included an injection, physical therapy, and immobilization. The injured worker was also treated with multiple medications. The injury ultimately resulted in surgical intervention to the right shoulder that consisted of arthroscopy, subacromial decompression, which was followed by postoperative physical therapy. Prior to the injured worker's surgical intervention to the right shoulder, the injured worker was examined in 03/2013. A review of records was recorded in the Progress Note. It was noted that the injured worker had right extensor carpi ulnaris tendon moderate tendinosis with mild interstitial tearing, tendinosis of the 1st and 4th dorsal extensor dorsal compartments, and several of flexor tendons at carpal tunnel with no tear or significant tenosynovitis, and a small ganglion cyst at the radiocarpal joint space per an MRI from 10/2012. The injured worker was evaluated on 10/07/2013. Physical examination revealed a positive Tinel's at the elbow and medial aspect, and a positive Tinel's at the right wrist and a positive Phalen's sign. The injured worker's diagnoses included tenosynovitis of the hand, carpal tunnel syndrome, lesion of the ulnar nerve, pain in joint and upper arm. The injured worker's treatment plan included an injection to the right first dorsal compartment, electrodiagnostic studies of the right upper extremity, an MRI of the right wrist, and a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM RIGHT WRIST: Upheld

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

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

Decision rationale: The ACOEM Guidelines recommend arthrography, MRI, and CT scans for injured workers in preparation for a specialty appointment. The clinical documentation submitted for review does not provide any evidence of significant red flag symptoms, suspicion of fractures, or other diagnoses to support the need for an imaging study. Additionally, it is noted within the documentation that the injured worker underwent an imaging study in 12/2012. There has been no significant change in the injured worker's clinical presentation to support the need for an additional imaging study. As such, the requested MR arthrogram of the right wrist is not medically necessary or appropriate.