

Case Number:	CM13-0070082		
Date Assigned:	01/03/2014	Date of Injury:	01/04/2010
Decision Date:	06/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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, 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:

The injured worker is a 32 year old female who reported an injury on 1/3/10; the mechanism of injury was not provided within the medical records. She was diagnosed with right cubital tunnel syndrome and right wrist triangular fibrocartilage complex disruption, and she underwent a right ulnar nerve decompression at the elbow and a right wrist arthroscopy with triangular fibrocartilage repair on 6/20/13. The injured worker attended physical therapy for the hand starting on 8/29/13; it is unclear how many sessions she completed. An MRI without contrast of the right wrist on 10/10/13 revealed a ganglion cyst, and a nonspecific abnormal marrow signal throughout the distal radius with no evidence of joint effusion, re-tear, tenosynovitis, or ligamentous injury. She was evaluated on 11/7/13 and reported right wrist pain of unknown severity. On physical exam, the injured worker had mild tenderness over the site of the ulnar forearm. She was also noted to have a negative cubital Tinel's test and a negative flexion test, as well as full strength and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITH CONTRAST, RT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The ACOEM recommends special imaging studies after a failure of six weeks of conservative care, including medications and physical therapy. The injured worker underwent right cubital tunnel surgery on 6/20/13 and began physical therapy for the right hand on 8/29/13. There is a lack of documented evidence to indicate the duration of physical therapy and objective functional improvement with physical therapy. Also there is no documentation of recent treatment with medications. Additionally, the guidelines do not recommend an MRI of the wrist unless there is clinical evidence of carpal tunnel syndrome. There is no recent documentation of objective signs of carpal tunnel syndrome, and an MRI without contrast on 10/10/13 did not suggest any compromise of the median nerve. As such, the request is not medically necessary.