

Case Number:	CM14-0115843		
Date Assigned:	09/16/2014	Date of Injury:	08/20/2008
Decision Date:	11/03/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 Internal Medicine 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 45 year-old woman who was changing the diaper of a patient she was caring for while working as a C.N.A. The claimant reports that her patient rolled onto her twisted right hand. The date of injury was August 20, 2008. She was seen at the industrial clinic August 21, 2008 where she was examined and received X-Rays, which were normal. She was given a wrist brace, anti-inflammatory medications, and placed on modified work duties. The claimant attended physical therapy 2 to 3 times a week for one month, which was helpful. Eventually, the claimant returned to work without any specific restrictions or limitations. The claimant sustained a second injury on November 3, 2012. She slipped and fell in the shower room. When she fell, she landed on her right hand and broke her fall with her left hand. Immediately, she noticed pain in her right shoulder area. Afterwards, she continued to work off and on. On April 1, 2013, she was taken off work. Since then, she has been off work. On October 17, 2013, an electrodiagnostic study of the right upper extremity was performed. According to the report, the EMG/NCV study was normal. The treating physician evaluated the claimant on June 11, 2014 due to right wrist pain. The patient hand symptoms remained unchanged. She has been complaining of increasing pain throughout the left arm with tingling sensation. On examination, the patient had tenderness notes on bilateral dorsal wrists. The patient had been given the diagnoses of status post right wrist twisting and rotational injury with crush component, status post right upper extremity and right shoulder second industrial injury, right lateral epicondylitis, right cubital carpal tunnel syndrome, right chronic wrist pain, right De'Quervain disease moderate, right carpal tunnel syndrome. EMG and nerve conduction studies dated April 8, 2014 documented entrapment neuropathy of the median nerves at both wrists with very mild slowing of nerve conduction velocity (carpel tunnel syndrome). Current medications were not documented in the clinical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast, Right Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Official Disability Guidelines (ODG); Section Forearm, Wrist and Hand; MRI

Decision rationale: The Online Official Disability Guidelines provide indications for magnetic resonance wrist imaging. The medical file indicates the injured worker has median nerve entrapment bilaterally by EMG/NCV studies from an injury dated 2008. Current physical examination documents intact motor strength and sensation in the hands. There were no plain x-rays of the hands from the second incident documented in the medical record. Indications for magnetic resonance imaging scan of the wrist are chronic wrist pain with normal plain films whereby the treating physician suspects a soft tissue tumor; and chronic wrist pain with normal plain films with the treating physician suspects Kienbock's disease. There were no radiologic findings consistent with distal radius fracture or two scaphoid fractures. Based on the clinical information in the medical record and the peer reviewed, evidence based guidelines the wrist MRI is not medically necessary.