

Case Number:	CM14-0125603		
Date Assigned:	08/11/2014	Date of Injury:	04/01/2008
Decision Date:	09/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/07/2014

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 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:

This is an injured worker with a date of injury of 04/01/2008. A utilization review determination dated 07/08/2014 recommends non-certification of right wrist MRI. On 04/01/2014 the medical report identifies no change in the right wrist after a corticosteroid injection to the right carpal tunnel. The injured worker has difficulty grasping objects and driving. Pain is 2/10. On exam, there is wrist tenderness, positive Tinel's, distribution of pain along the median nerve from the wrist to the first three fingers, and slightly decreased grip strength. Acupuncture was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand and Carpal Tunnel Syndrome.

Decision rationale: Regarding the request for MRI of right wrist without contrast, The MTUS and ACOEM guidelines note that imaging studies to clarify the diagnosis may be warranted if

the medical history and physical examination suggest specific disorders. More specifically, the ODG notes that MRIs for carpal tunnel syndrome are not recommended in the absence of ambiguous electrodiagnostic studies. In general, they are supported in chronic wrist pain if plain films are normal and there is suspicion of a soft tissue tumor or Kienk's disease. Within the documentation available for review, there is no clear indication of a condition for which an MRI is supported as noted above or another clear rationale for the use of MRI in this patient. In the absence of such documentation, the currently requested MRI of right wrist without contrast is not medically necessary.