

Case Number:	CM14-0127348		
Date Assigned:	08/15/2014	Date of Injury:	05/31/2013
Decision Date:	10/01/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational 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 patient is a 34 year old female who was injured on 05/31/2013 while performing her usual and customary duties including repetitive typing. Progress report dated 07/02/2014 states the patient presented to the office with complaints of bilateral wrist and hand pain. She rated the pain as a 7/10 with radiation to the right fingers. She rated her left wrist pain as 5/10. She stated her pain is relieved with creams and rest. On exam, the right wrist and hand revealed decreased range of motion. Grip strength is 4/5. There was tenderness over the dorsal aspect of the right hand. The left wrist and hand revealed a slight decreased range of motion. Grip strength is 5/5. There was tenderness over the dorsal aspect of the left wrist. Diagnoses are bilateral arm overuse syndrome, right shoulder rotator cuff syndrome, rule out rotator cuff tear; bilateral elbow tendonitis; right wrist synovitis; carpal tunnel syndrome bilaterally; rule out underlying inflammatory disorder. The patient has been recommended for a MRI of the right wrist and EMG/NCV of the upper extremities. Prior utilization review dated 07/30/2014 states the request for Repeat MRI Right Wrist without contrast is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI Right Wrist without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC 18th Edition 2013 Updates: Forearm/Wrist/Hand Procedure MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, MRI

Decision rationale: According to Official Disability Guidelines, "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case a request is made for a repeat right wrist MRI for a 34-year-old female with date of injury of 5/31/13 and chronic right wrist pain secondary to repetitive use. However, prior right wrist MRI on 10/22/13 was reportedly normal other than mild swelling suggestive of synovitis. Electrodiagnostic studies on 9/26/13 showed only mild left ulnar neuropathy at the elbow. Right wrist X-rays on 4/3/14 were normal. History and examination do not demonstrate a significant change in symptoms or findings. Medical necessity is not established.