

Case Number:	CM14-0152304		
Date Assigned:	09/22/2014	Date of Injury:	04/15/2013
Decision Date:	11/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 & Rehabilitation and is licensed to practice in Louisiana. 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 31 year old female who sustained an injury to her wrist on April 15, 2013 while lifting an infant. Prior treatment history included Naproxyn, Duraflex comfort gel, acupuncture, and physical therapy sessions. There were no diagnostic studies provided for review. The latest progress report dated July 17, 2013 documented the patient to have complaints of intermittent moderate, sharp wrist pain with numbness of hands & fingers on the right side; and intermittent mild sharp wrist pain on the left side. Physical exam revealed tenderness to palpation of the dorsal wrist bilaterally and Phalen's test caused pain bilaterally. The patient was diagnosed with bilateral carpal tunnel syndrome and was recommended acupuncture sessions 1 time a week. The treating physician requested X-ray over both wrists. No other findings were documented in the records provided. Prior utilization review dated August 21, 2014 states the request for MRI without Contrast of the Left Wrist is denied due to lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast, Left 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 Official Disability Guidelines (ODG) Forearm, Wrist & Hand, MRIs

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that for patients with limitations of activity after four weeks and unexplained physical findings, such as effusions or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. In this case, there is no supporting documentation of recent physical examination or any changes from prior imaging findings to support the necessity of this request. Based on the lack of supporting documentation the request is not medically necessary at this time.