

Case Number:	CM14-0165525		
Date Assigned:	10/10/2014	Date of Injury:	07/29/2008
Decision Date:	11/19/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/08/2014

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 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 sustained injuries on 7/29/08. On 3/5/14, the primary treating physician report indicates a history of an ongoing left thumb triggering and pain in the ulnar aspect of the wrist status post wrist arthroscopy. The patient received corticosteroid injection for complaints of persistent left wrist pain which improved pain for about 2-3 weeks but subsequently returned. Exam revealed tenderness over the distal ulna and ulnar styloid. Diagnoses included left trigger thumb and left wrist sprain/strain rule out fibrocartilage complex tear. The request was subsequently made for MRI with arthrogram of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram, left 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, Treatment Index, 11th Edition (web0, Forearm, wrist and hand, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-270.

Decision rationale: The injured worker presents with chronic left wrist pain diagnosed as trigger thumb and tendinitis. The treating physician indicates a desire to rule out triangular

fibrocartilage complex tear. Symptoms include persistent pain responsive to corticosteroid injection and tenderness over the distal ulna and ulnar styloid. There is no reported evidence of red flags findings such as signs of serious infection or tumor or history of deformity consistent with dislocation. The MRI with arthrogram is not medically necessary as the clinical findings do not meet the criteria described in the MTUS regarding imaging studies.