

Case Number:	CM14-0024736		
Date Assigned:	06/11/2014	Date of Injury:	05/01/2013
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Pain Management, 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 a patient with a date of injury of 5/1/13. A utilization review determination dated 2/14/14 recommends non-certification of MRI right wrist. 2/3/14 medical report identifies severe pain and stiffness in the wrists with weakness, pain in the right fingers into forearm and elbow, numbness in right hand, recent episodes of spasms in right hand, increased pain, and difficulty sleeping. On exam, there is positive Tinel's and Phalen's bilaterally, pain over the metacarpophalangeal joint of both thumbs. X-rays are noted to be negative and electrodiagnostic testing was said to be borderline for carpal tunnel syndrome. MRI was recommended due to continuous pain and significant decreased sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT WRIST: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, MRI's (magnetic resonance imaging).

Decision rationale: Regarding the request for MRI of right wrist, California MTUS supports imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorders. ODG cites that magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and intraosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Within the documentation available for review, the patient does have some symptoms/findings suggestive of carpal tunnel syndrome and a borderline electrodiagnostic study suggestive of that diagnosis. However, there are additional symptoms/findings inconsistent with that diagnosis and x-rays are non-diagnostic. Additional imaging is appropriate in an effort to better define the source of the patient's complaints. In light of the above, the currently requested MRI of right wrist is medically necessary.