

Case Number:	CM14-0024917		
Date Assigned:	06/11/2014	Date of Injury:	10/05/2010
Decision Date:	08/04/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery and is licensed to practice in Texas and Georgia. 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 is a 61-year-old male who reported injury on 10/05/2010. The documentation of 02/03/2014 revealed a handwritten note; there were objective findings for the shoulder. The treatment plan included a request for an MRI arthrogram of the right wrist to rule out TFCC tear. The diagnoses included right wrist pain, rule out ulnar impingement syndrome, TFCC tear, and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM RIGHT WRIST: Upheld

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): 268-269.

Decision rationale: The MTUS/ACOEM Guidelines indicate that, for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 week to 6 week period of care and observation. Imaging studies may be needed to clarify the diagnosis if the medical history and physical examination suggest specific disorders. The physical examination failed to include objective findings for the wrist to support a possible TFCC tear. In this case,

there was a lack of documentation of objective testing to indicate the injured worker may have carpal tunnel syndrome. Given the above, the request for MRI arthrogram for right wrist is not medically necessary and appropriate.