

Case Number:	CM14-0025404		
Date Assigned:	06/13/2014	Date of Injury:	10/02/2012
Decision Date:	11/18/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 Family Practice 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:

38 yr. old female claimant sustained a work injury on 10/2/12 involving the right arm and wrist. She was diagnosed with a right carpal tunnel syndrome and underwent surgical release on 8/13/13. A progress note on 2/3/14 indicated the claimant had 10/10 right wrist pain. Exam findings were notable for mild tenderness in the right distal forearm and right volar wrist by the surgical scar. Phalen's and Tinel's test were positive. A MRI of the right wrist was requested to prior to considering a joint injection or orthopedic referral for a possible ganglion cyst or other structure compressing the nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the MTUS guidelines, an MRI of the wrists is optional prior to a physical exam by a qualified specialist. In this case, there was a plan to see orthopedics. This

would be a qualified specialist that can determine the necessity of an MRI. Therefore, the MRI of the wrist at this point is not medically necessary.