

Case Number:	CM14-0026779		
Date Assigned:	06/13/2014	Date of Injury:	09/08/2000
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 64-year-old male who reported an injury on 09/08/2000 due to a trip and fall. The clinical note dated 01/16/2014 noted the injured worker presented with right hand pain, numbness, and tingling. Prior treatments included therapy, surgery, and medication. The diagnoses were right scapholunate advanced collapse, right wrist osteoarthritis, status post bilateral carpal tunnel release and ulnar nerve release at the wrists in 2000 and 2001, status post right revision carpal tunnel surgery on 11/15/2012, possible neuroma at the site of the wrist revision, median nerve decompression at the wrist, right wrist fluid and joint effusion per MRI (magnetic resonance imaging) on 04/16/2013, and psoriasis with severe dryness. The range of motion values for the right wrist were 35 degrees of extension, 35 degrees of flexion, 20 degrees of radial deviation, and 30 degrees of ulnar deviation. There were no specific muscle or tendon weakness identified, and the deep tendon reflexes were normal and equal bilaterally. The provider recommended an MRI of the right wrist, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE 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 request for an MRI (magnetic resonance imaging) of the right wrist is non-certified. The California MTUS/ACOEM state that if the symptoms have not resolved in 4 to 6 weeks, imaging studies to clarify the diagnosis may be warranted. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. An adequate examination of the injured worker was not provided detailing current deficits of the wrists to warrant an MRI. There is no evidence of tissue insult, evidence of a red flag, or documentation of a worsening condition. As such, the request is non-certified.