

Case Number:	CM14-0028455		
Date Assigned:	06/20/2014	Date of Injury:	08/10/2012
Decision Date:	08/13/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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. 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 40 year old female who sustained injuries to her bilateral wrists on 5/10/12 due to cumulative trauma while performing her usual and customary duties as a hotel housekeeper. The injured worker complained of pain and tenderness to palpation of the cervical paraspinal muscles, bilateral shoulders, lateral epicondyles, wrists, and hands. An MRI of the right wrist dated 2/7/14 revealed ganglion cysts along the radial aspect of the wrist; there was no fracture or dislocation. Physical examination of the right wrist noted no deformity. Flexor surface was tender to palpation. There was no tenderness of the extensor surface; carpometacarpal joint (CMCJ) of the right thumb was non-tender. The carpometacarpal joint (CMCJ) of the right thumb was stable. There was no crepitation of the right wrist. Dorsal flexion was at 70 degrees, volar flexion was at 80 degrees, radial deviation to 25 degrees, ulnar deviation to 35 degrees, and pronation/supination 90 degrees. There was 5/5 muscle strength, dorsal flexion, and volar flexion. There was pain with resisted pronation/supination, and there was no tenderness over the right anatomical snuff box.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The previous request was denied on the basis that there were no documented findings of internal derangement of the bilateral wrists and the findings of tenderness is insufficient to warrant advanced imaging. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention had been performed or was anticipated. Physical examination did not note any decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, an MRI of the right wrist is not indicated as medically necessary.