

Case Number:	CM14-0044687		
Date Assigned:	07/11/2014	Date of Injury:	09/29/2000
Decision Date:	09/09/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, 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 53 year old male with a 9/29/2000 date of injury. The exact mechanism of the original injury was not clearly described. The patient underwent left carpal tunnel release in 8/13. A progress report dated 12/11/13 noted subjective complaints of bilateral shoulder pain. He denied any new injury since last visit. There was no documentation of any recent, acute injury. Objective findings noted tenderness to palpation over the radial aspect of the left wrist. Range of motion is restricted due to pain. There is no inspection abnormality of the left hand. There is decreased sensation to light touch over the left thumb, ring, and little finger. Diagnostic Impression is: carpal tunnel syndrome. Treatment to date includes: Medication management, physical therapy, left carpal tunnel release, and left ulnar nerve release. A UR decision dated 3/14/14 denied the request for MRI of the left wrist. The mechanism of injury was not included in the documents submitted for review. There was no evidence presented in the clinical documentation of failure of recent conservative care or non-diagnostic radiographs. There was no documentation of what pathology was expected to be found with the proposed MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI left wrist.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter.

Decision rationale: MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. However, in the documents provided for review there is no mention of a recent, acute injury. There is furthermore no mention of recent normal plain radiographs of the left wrist nor any reports provided for review. There are no significant abnormalities noted on physical examination. With an original date of injury of 9/2000, it is unclear why the proposed MRI would be of benefit. There is no documentation of specific pathology sought after from an MRI. Therefore, the request for MRI of the left wrist is not medically necessary.