

Case Number:	CM14-0081626		
Date Assigned:	07/18/2014	Date of Injury:	04/23/2012
Decision Date:	08/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 40-year-old with a reported date of injury of 03/02/2009. The patient has the diagnoses of sprain/strain of the wrist (842.0) and carpal tunnel syndrome (354.0). Past treatment modalities have included physical therapy and surgery. Progress notes from the primary treating physician dated 07/02/2014 are mostly illegible but indicate the patient is having right wrist pain and tenderness on physical exam. A dictated note from the primary treating physician dated 07/14/2014 indicates the patient has pain in the right wrist due to overcompensation use of the right wrist from left wrist injury. The patient has an evaluation planned with another physician dated 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist evaluation: 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): 253-278.

Decision rationale: The ACOEM section on forearm, wrist and hand complaints does not address or recommend evaluation of other body parts with pain that are due to overcompensation

use from a different injured part (in this case the contra lateral wrist). The right wrist is not a recognized body part in the injury that occurred 03/02/2009. For these reasons the requested services is not medically necessary.