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| Case Number: | CM14-0081655 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/09/2012 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 05/20/2014 |
| 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 Orthopedic Surgeon, and is licensed to practice in Georgia and 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 50-year-old female who reported an injury on 05/09/2012. The injured worker suffered a left hand sprain while attempting to remove a box from a conveyor belt. Current diagnoses include wrist sprain, hand sprain, and shoulder sprain. The injured worker was evaluated on 05/31/2014. It is noted that the injured worker has been previously treated with physical therapy and injections. The injured worker has undergone an MRI and EMG/NCV study. Physical examination revealed positive Tinel's and Phalen's testing, tenderness to palpation, positive Roos testing, positive Apley's testing and decrease sensation in the left upper extremity. Treatment recommendations included chiropractic therapy, an MRI of the left wrist, forearm, and elbow, and a left upper extremity EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upper extremity w/o dye: 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; Forearm, wrist & hand; indications for imaging Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): pp. 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. As per the documentation submitted, the injured worker has been previously treated with physical therapy and injections. Physical examination on the requesting date does reveal positive Tinel's and Phalen's testing, positive Roos and Apley's testing, and tenderness to palpation. However, there is no specific body part listed in the current request. Therefore, the current request is not medically appropriate. Therefore, the request is not medically necessary.