

Case Number:	CM14-0188353		
Date Assigned:	11/19/2014	Date of Injury:	04/01/2012
Decision Date:	01/07/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 40 year old female patient who sustained an industrial injury on 4/1/2012. She sustained the injury while pushing a heavily laden cart filled with dirty dishes. The current diagnoses include left wrist sprain and left carpal tunnel syndrome. Per the doctor's note dated 10/8/2014, she had complaints of left wrist pain. The physical examination of the left wrist revealed tenderness dorsally and over the triangular fibrocartilage complex, full range of motion, negative Tinel's, Phalen's and Finkelstein's test. The medications list includes tramadol and Prilosec. She has undergone right shoulder arthroscopic surgery, left carpal tunnel release and right carpal tunnel release in 2006. She has had electrodiagnostic studies dated 7/23/12 which revealed left median sensorimotor and bilateral ulnar motor neuropathy, cervical radiculopathy involving C8 and T1 on the right; MRI left forearm dated 8/28/2012 with normal findings; MRI left shoulder dated 11/5/12 which revealed acromioclavicular arthrosis and supraspinatus tendinosis; electrodiagnostic studies dated 5/14/13 which revealed postoperative change on the right side and normal findings on the left side. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Evidence of red flag signs is not specified in the records provided. A recent X-ray report of the left wrist is not specified in the records provided. Response to a complete course of conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Per the cited guidelines "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." A detailed physical examination of the right wrist suggesting specific disorders is not specified in the records provided. Any snuff box tenderness on exam is not specified in the records provided. The medical necessity of MRI (magnetic resonance imaging) of the left wrist is not established for this patient.