

Case Number:	CM14-0050062		
Date Assigned:	07/07/2014	Date of Injury:	06/26/2013
Decision Date:	01/29/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Acupuncture & Pain 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:

30y/o female injured worker with date of injury 6/28/13 with related right wrist and hand pain. Per progress report dated 3/8/14, the injured worker noted some occasional residual swelling of the fingers of the right hand. She noted some weakness when carrying items, as well as some numbness along the carpal tunnel of the right hand. Per physical exam, tenderness was noted on palpation of the dorsal and ulnar borders of the right wrist. Phalen's sign and Tinel's test were both positive at the right wrist. Active range of motion of the hands/wrists produced complaints of right hand/wrist pain and discomfort during the extremes of flexion, extension and radial deviation. She was able to make a fist with the right hand but noted that it was performed with discomfort due to stiffness. Deep tendon reflexes, motor strength, and sensory testing in the bilateral upper extremities were within normal limits. X-ray report of the right hand/wrist/elbow dated 2/5/14 were unremarkable. The date of UR decision was 3/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Wrist and Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Imaging-MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist & hand, MRI's

Decision rationale: Per the Official Disability Guidelines: Indications for imaging -- Magnetic resonance imaging (MRI):- Acute hand or wrist trauma, suspect acute distal radius fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect acute scaphoid fracture, radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required- Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury)- Chronic wrist pain, plain films normal, suspect soft tissue tumor- Chronic wrist pain, plain film normal or equivocal, suspect Kienbck's disease- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)The documentation submitted for review did not meet any indications for the requested procedure. Furthermore, per 3/8/14 consultation with hand specialist, recommendations/treatment plan stated "no new diagnostic studies are recommended at this time." The request is not medically necessary.