

Case Number:	CM15-0133960		
Date Assigned:	07/22/2015	Date of Injury:	04/19/2013
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old male, who sustained an industrial injury on April 19, 2013. He reported twisting his left wrist and injured his left forearm. The injured worker was diagnosed as having persisting pain left ulnar wrist and persisting left ulnar neuritis source of compression uncertain. Treatment to date has included H-wave, transcutaneous electrical nerve stimulation unit, diagnostic studies, physical therapy, occupational therapy and medications. On June 15, 2015, the injured worker complained of numbness and tingling in his left little and ring finger. He also reported pain in his ulnar wrist with numbness and tingling. The treatment plan included an MRI of the wrist and a repeat EMG and nerve conduction test of the left upper extremity. On June 24, 2015, Utilization Review non-certified the request for MRI to the left wrist, citing California MTUS Guidelines.

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 Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-69. Decision based on Non-MTUS Citation ODG Forearm, wrist, and hand chapter; MRI.

Decision rationale: The MTUS ACOEM guidelines discuss consideration of specialty consultation in the case of several types of musculoskeletal injuries if symptoms are persistent for more than a few weeks. In this case, the patient has several issues causing a long and chronic pain scenario which is difficult to treat. Given the history of chronic pain and treatment with multiple providers, it is reasonable to seek assistance from an orthopedic surgeon. The patient has been evaluated by orthopedics and is slated to follow up for further evaluation, which is reasonable as multiple treatment modalities have been recommended. Given the complexity of the patient's history, consultation with orthopedics is appropriate to ensure adequate oversight, risk assessment, and eventual plan for surgery if necessary. In the opinion of this reviewer, the request for consultation with orthopedics is warranted, and therefore the request is considered medically necessary.