

Case Number:	CM15-0148679		
Date Assigned:	08/11/2015	Date of Injury:	09/24/2014
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 32-year-old female who sustained an industrial injury on 9-24-14 per the IMR application. However the PR-2 dated 10-2-14 indicates that the date of injury was 9-10-14. The initial complaints and nature of the injury are unavailable for review. On 10-2-14, the PR-2 indicates that the injured worker complained of numbness of the left wrist and tingling "along the left pinky". She also complained that it was "cold to touch". She was diagnosed with tenosynovitis of the hand and wrist, as well as injury to the ulnar nerve. She was treated with medication, a wrist brace, and physical therapy was initiated. The plan was to consider EMG-NCS if no improvement. This was requested for the left upper extremity on 10-16-14. On her 11-13-14 follow-up visit, she continued to complain of left wrist pain. Physical therapy had been completed. An orthopedic referral was requested. The injured worker was seen by orthopedics on 6-11-15. She continued to report that she had numbness of the 4th and 5th fingers of the left hand. She also reported a "tingling" sensation, pain and "some coldness" of the hand. She indicated that the pain was constant. She underwent an EMG-NCS on 11-11-14. This was reported as "negative". Diagnoses made by orthopedics included ulnar nerve compression, left upper extremity, symptomatic and possible Raynaud's phenomenon. Treatment recommendations were to follow up with her primary care provider for possible Raynaud's phenomenon, undergo another EMG-NCS to rule out nerve compression, and MRI of the left wrist and hand, and a neurological consultation to rule out "double crush syndrome, thoracic outlet syndrome, and ulnar nerve compression".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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, MRI Indications for Imaging.

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

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of MRI for wrist disorders. MRI have an ability to detect wrist infections. There is no clear evidence that the patient is suspected of having wrist infection. Therefore, the request for MRI of the left wrist and hand is not medically necessary.