

Case Number:	CM15-0168589		
Date Assigned:	09/09/2015	Date of Injury:	10/08/2014
Decision Date:	10/14/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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: California
 Certification(s)/Specialty: Emergency 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 52-year-old female, who sustained an industrial injury on 10-08-2014. She has reported injury to the neck, left shoulder, and left upper extremity. The diagnoses have included history of cervical spine sprain-strain, rule out herniated cervical disc with radiculitis-radiculopathy; left shoulder sprain-strain, rule out tendinitis, impingement, rotator cuff tear; left wrist sprain-strain, rule out carpal tunnel syndrome; and headaches. Treatment to date has included medications, diagnostics, rest, heat, ice, acupuncture, and chiropractic therapy. Medications have included Ibuprofen. A progress report from the treating physician, dated 07-15-2015, documented an evaluation with the injured worker. The injured worker reported constant neck pain, rated 7 out of 10 in intensity; constant left shoulder pain, rated 7 out of 10 in intensity; constant left wrist pain, rated 5-8 out of 10 in intensity; the left wrist pain travels to the left hand; and it is described as shooting along with weakness and numbness. Objective findings included decreased ranges of motion of the left hand including dorsiflexion, volar flexion, radial deviation, and ulnar deviation; Tinel's and Phalen's testing is positive in the left wrist; there is abnormal two-point discrimination of the left median-ulnar nerve distribution; and there is abnormal motor power and sensation of the left hand. The treatment plan has included the request for MRI left wrist.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand Chapter, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM guidelines, indications for wrist imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. Patient has exam and signs of carpal tunnel syndrome. There are no signs of infection or other life threatening pathology. It is unclear why an MRI was ordered by the provider except for assessment of "ligaments, cartilage and other" causes of pain. Patient does not meet any criteria for an MRI of the wrist. MRI of the wrist is not medically necessary.