

Case Number:	CM15-0168784		
Date Assigned:	09/09/2015	Date of Injury:	10/20/2014
Decision Date:	10/08/2015	UR Denial Date:	08/01/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on October 20, 2014, incurring left hand and left wrist injuries. She was diagnosed with an intra-articular fracture of the left index finger. She had a history of bilateral carpal tunnel releases over ten years ago. Treatment included occupational therapy, steroids, anti-inflammatory drugs, splinting and modified activities. Currently, the injured worker complained of persistent pain with swelling and stiffness of the left index finger and left wrist. She noted restricted left wrist range of motion. A left wrist Magnetic Resonance Imaging done on June 11, 2015 revealed tendinosis, tenosynovitis, neuritis and scarring. The treatment plan that was requested for authorization on July 30, 2015, included a repeat left wrist Magnetic Resonance Imaging without contrast to rule out an occult fracture. On August 1, 2015, a request for a left wrist Magnetic Resonance Imaging was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Wrist MRI without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, 20th Annual Edition, 2015, Forearm, Wrist, & Hand (Acute & Chronic), MRIs.

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

Decision rationale: The ACOEM chapter on wrist complaints and special diagnostic imaging Table 11-6 does not recommend MRI of the wrist except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. The patient does not have signs per the documented physical exam of carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for wrist MRI have not been met and the request is not medically necessary.