

Case Number:	CM15-0169743		
Date Assigned:	09/11/2015	Date of Injury:	01/23/2015
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/28/2015

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 30 year old female who sustained an industrial injury on 01-23-15. A review of the medical records indicates that the injured worker is undergoing treatment for a repetitive use injury of the right hand and wrist. Medical records (07-23-15) her pain is rated at 2-3/10. The physical exam (07-28-15) reveals "focal tenderness at the thenar eminence, with painful mild arthritis sensation at the C5-7 in the hand." Treatment has included 12 sessions of physical therapy to the right hand, which did not improve the weakness. The treating provider (07-28-15) indicates "the low grade nagging pain continues to increase when applying force for putting the pressure to get up from a chair or apply any force with the right hand." The original utilization review (08-04-15) noncertified the MRI of the right hand as there were no documented neurological deficits, there was significant improvement with the current regimen, and it was unclear how the results of the study would influence the plan of care.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.