

Case Number:	CM15-0203198		
Date Assigned:	10/19/2015	Date of Injury:	12/04/2013
Decision Date:	12/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/15/2015

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: Arizona, California

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 55 year old female, who sustained an industrial injury on 12-04-2013. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left wrist DeQuervain's tenosynovitis, left wrist triangular fibrocartilage tear, and rule out 1st carpometacarpal joint arthritis. Treatment and diagnostics to date has included left wrist MRI (report dated 01-22-2015 noted "no abnormalities are detected on the dynamic flexion-extension views") and medications. Subjective data (07-14-2015 and 08-11-2015), included left wrist pain rated 6 out of 10 peripheral neuropathy the pain scale. Objective findings (08-11-2015) included tenderness to palpation to left wrist with decreased range of motion. The Utilization Review with a decision date of 09-11-2015 non-certified the request for MRI of the left wrist.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/wrist chapter and pg 25.

Decision rationale: According to the guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. In this case the claimant has a wrist strain and DeQuervains. There is no indication for surgery. The injury is not acute and the chronic symptoms are not suggestive of pathology that was non-diagnostic on prior imaging. Although the MRI is an option, it is not a medical necessity.