

Case Number:	CM15-0209086		
Date Assigned:	10/28/2015	Date of Injury:	08/06/2015
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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 52 year old female, who sustained an industrial injury on 8-6-15. She reported pain in the wrists, right hand, and arms. The injured worker was diagnosed as having cervical spine strain and sprain with radiculitis and radiculopathy rule of herniated cervical disc. Other diagnoses included bilateral wrist and hand sprain and strain rule out tendinitis and carpal tunnel syndrome. Treatment to date has included physical therapy and medication including Naproxen. Physical examination findings on 10-2-15 included decreased sensation and motor strength in the bilateral long fingers, bilateral medial side of the forearms, and the medial side of the elbows and arms. Right hand and wrist range of motion was decreased. Tinel's, Phalen's and Finkelstein's tests were positive on the right. A MRI of the right wrist obtained on 10-12-15 revealed a triangular fibrocartilage complex tear and arthrosis at the 1st carpometacarpal joint. A MRI of the right hand obtained on 10-12-15 revealed arthrosis at the 1st carpometacarpal joint and a subchondral cyst in the 3rd metacarpal head. On 10-2-15, the injured worker complained of pain in bilateral arms with weakness and numbness rated as 7 of 10. The treating physician requested authorization for a MRI of the right hand and right wrist. On 10-12-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), right hand: Overturned

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

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

Decision rationale: The ACOEM chapter on wrist and hand 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. The patient does have diagnosis as well as documented physical exam findings of possible carpal tunnel syndrome Therefore criteria set forth by the ACOEM for wrist MRI have been met and the request is medically necessary.

MRI (magnetic resonance imaging), right wrist: Overturned

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

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

Decision rationale: The ACOEM chapter on wrist and hand 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. The patient does have diagnosis as well as documented physical exam findings of possible carpal tunnel syndrome Therefore criteria set forth by the ACOEM for wrist MRI have been met and the request is medically necessary.