

Case Number:	CM15-0025214		
Date Assigned:	02/17/2015	Date of Injury:	03/01/2012
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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 51-year-old female, who sustained an industrial injury on 03/01/2012. On progress, report dated 12/30/2014 the injured worker has reported right wrist pain, locking, and numbness. On examination, she was noted to have tenderness over the dorsal, volar aspect and flexion tendons of the right wrist. A positive Tinels test, Phalen's test and nerve compression test was noted. The diagnoses have included right wrist rule out carpal tunnel syndrome, tight wrist tendinitis, and right wrist contracture. Treatment to date has included medication. Treatment plan include MRI of the right wrist. On 01/23/2015 Utilization Review non-certified MRI of the Right Wrist between 1/20/2015 and 3/6/2015. The CA MTUS, ACOEM guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Right Wrist between 1/20/2015 and 3/6/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, hand and wrist , MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: According to the guidelines, an MRI is optional prior to history and physical by a qualified specialist. In this case, the request was by a pain specialist. The injury was over 2 years old. The MRI was not ordered by a hand specialist. Since it's considered an option, the request is not medically necessary.