

Case Number:	CM15-0052607		
Date Assigned:	03/26/2015	Date of Injury:	03/09/2012
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 35-year-old female, who sustained an industrial injury on 3/9/2012. The medical records submitted for this review did not include details of the initial injury. Diagnoses include a history of right wrist de Quervain's release, recurrent ganglion cyst excision neurolysis palmar cutaneous nerve, and left upper extremity repetitive strain. Treatments to date include anti-inflammatory medication. Currently, they complained of continued wrist pain. On 1/21/15, the physical examination documented focal tenderness over the site where a prior ganglion cyst was removed. There was a positive Phalen test, Tinel's sign and Durkan test. The plan of care included obtaining further tests including an MRI of the right wrist and nerve conduction studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: According to MTUS guidelines, there is no strong evidence supporting the use of MRI for wrist disorders. MRI has an ability to detect wrist infections. There is no clear evidence that the patient is suspected of having wrist infection. Therefore, the request is not medically necessary.