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| Case Number: | CM15-0080892 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 12/03/2013 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 22-year-old female who sustained a work related injury December 3, 2013. According to a primary treating physician's progress report, dated January 6, 2015, the injured worker presented with complaints of pain involving the neck, mid and low back, right elbow, and bilateral forearms and wrists. She noted an improvement with increased range of motion and decreased pain, after completing seven sessions of physical therapy. However, her primary complaint is right wrist pain with numbness and tingling to the first through third digits with increased pain upon gripping, grasping, lifting, and carrying. Diagnoses are documented as bilateral wrist, right greater than left, flexor and extensor tendinitis; right carpal tunnel syndrome; and MRI right wrist dated March 5, 2014; tendinopathy of the extensor carpi ulnaris. At dispute, is the request for an MRI of the right wrist.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

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

Decision rationale: The injured worker sustained a work related injury on December 3, 2013. The medical records provided indicate the diagnosis of bilateral wrist, right greater than left, flexor and extensor tendinitis; right carpal tunnel syndrome; and MRI right wrist dated March 5, 2014; tendinopathy of the extensor carpi ulnaris. Treatments have included 7 sessions of physical therapy. Home exercise program. The medical records provided for review do not indicate a medical necessity for MRI of the right wrist. The Medical records indicate the problem is mainly in the right wrist. The MTUS does not recommend MRI studies of the wrist except in suspected infections. Therefore, this request is not medically necessary.