

Case Number:	CM15-0081022		
Date Assigned:	05/01/2015	Date of Injury:	08/28/2014
Decision Date:	06/10/2015	UR Denial Date:	03/25/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female of unknown age, who sustained an industrial injury on 8/28/2014. The current diagnoses are bilateral carpal tunnel syndrome and ganglion and cyst of synovium, tendon and bursa, bilaterally. According to the progress report dated 1/29/2015, the injured worker reports some improvement since last exam. She is undergoing physical therapy which is helping the swelling and pain in her right hand. Her left wrist pain persists. The physical examination of the bilateral wrists reveals tender mass over the dorsum of both wrists, tenderness to pressure over the bilateral wrists, and reduced sensation in bilateral hands. The current prescriptions are Naproxen, Tramadol, and Omeprazole. Treatment to date has included medication management and physical therapy. The plan of care includes MRI of the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, Hand chapter, MRI's.

Decision rationale: The patient presents with shoulders, elbows and wrists pain. The request is for MRI Bilateral Wrist. The request for authorization is dated 03/12/15. Physical examination of the wrists reveals Tinel's is positive bilaterally. She is undergoing physical therapy which is helping the swelling and pain in her right hand. Her left wrist pain persists. She takes medications as needed for pain. Patient's medications include Naproxen Sodium, Omeprazole Dr and Tramadol Hcl. Per progress report dated 01/29/15, the patient is on modified work. ODG guidelines, chapter Forearm, Wrist, Hand (Acute & Chronic) and title MRI's (Magnetic Resonance Imaging), state that "Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures". Treater does not discuss the request. In this case, patient continues with severe chronic bilateral wrist pain. Given the patient's symptoms and physical examination findings, ODG guidelines advocates the use of MRI imaging to perform a global examination. Review of medical records does not indicate a prior MRI of the wrist being done. Therefore, the request is medically necessary.