

Case Number:	CM15-0089678		
Date Assigned:	05/14/2015	Date of Injury:	04/17/2014
Decision Date:	06/22/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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, 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 (n) 59-year-old female, who sustained an industrial injury on 4/17/14. She reported pain in her left elbow, neck and lower back related to repetitively lifting heavy objects. The injured worker was diagnosed as having left elbow tendonitis and left wrist carpal tunnel syndrome. Treatment to date has included chiropractic treatments, acupuncture and a left upper extremity MRI. As of the PR2 dated 4/15/15, the injured worker reports ongoing persistent pain in the bilateral upper extremities. The treating physician noted a positive Tinel's and Phalen's test in the left wrist. The treating physician requested an MRA of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (magnetic resonance angiogram) Left Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for imaging (MRI/ MRA).

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

Decision rationale: The records submitted dated 4/15/2015 states that the patient complains of bilateral arm pain. Examination notes a positive Tinel's and Phalen's tests and the possibility of a left volar ganglion cyst, all of the left wrist. The plan is for an MR arthrogram and likely hand surgeon referral for carpal tunnel release and ganglion excision. There is no specific information given as to the necessity of the MR arthrogram of the left wrist. The treating physician's office was contacted and stated that the MRA was requested to rule out a TFCC tear; however, there is no supporting clinical evidence for TFCC pathology. The CA MTUS ACOEM guidelines state that for most patients with true hand and wrist problems, special studies are not needed until after a four to six week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. In this case, no conservative care has been prescribed and there are no red flag conditions. Therefore, the request is deemed not medically necessary at this time.