

Case Number:	CM15-0243507		
Date Assigned:	12/23/2015	Date of Injury:	03/12/2015
Decision Date:	01/25/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/14/2015

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: 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 35 year old female with an industrial injury date of 03-12-2015. Medical record review indicates she is being treated for impingement syndrome right shoulder, medial-lateral epicondylitis right elbow, DeQuervains tenosynovitis - right and right upper extremity overuse syndrome. Subjective complaints (10-27-2015) included right shoulder and right elbow pain rated as 8 out of 10. She also complained of right wrist and hand pain rated as 8-9 out of 10. Work status is documented as remain off work until 12-01-2015. No current medications. Prior medications included Nabumetone and Ibuprofen. Prior treatments included right wrist injection and physical therapy. In the (08-14-2015) treatment note electromyography and nerve conduction studies done on 06-22-2015 are documented as normal by the treating physician. Objective findings (10-27-2015) included tenderness upon palpation of the right snuff box. Carpal compression also elicited tenderness. Phalen's and Finkelstein's signs were positive. On 11-25-2015 the request for MRI of the right hand and MRI of the right wrist was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand and Wrist Chapter - Indications for imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend imaging of the wrist/ hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for imaging of the wrist have not been met and the request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Hand and Wrist Chapter - Indications for imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend imaging of the wrist/ hand except the case of carpal tunnel syndrome or suspected infection. There is no documentation of expected infection or carpal tunnel syndrome. Therefore criteria set forth by the ACOEM for imaging of the wrist have not been met and the request is not medically necessary.