

Case Number:	CM14-0109448		
Date Assigned:	08/01/2014	Date of Injury:	08/09/2012
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male whose date of injury is 08/09/12 who complains of bilateral wrist pain due to repetitive work. Per doctor's first report of occupational injury or illness dated 05/20/14 diagnosis is wrist strain, carpal tunnel syndrome. Treatment rendered has included physical therapy 3x4weeks, NCV/EMG bilateral upper extremities, MRI right wrist, MRA left wrist, x-rays bilateral wrists, cardio respiratory. Bilateral wrist braces were requested. The only other clinical data submitted for review is a partial AME report dated 12/10/13, but the first 9 pages of the report were not included. The records indicate that the injured worker is status post left carpal tunnel release on 03/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies & Diagnostic & Treatment Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, MRI's (magnetic resonance imaging)

Decision rationale: ACOEM guidelines provide that for most patients presenting 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. The injured worker reportedly has had conservative treatment, but there is no comprehensive history of the nature and extent of treatment completed to date, and no evidence that the injured worker has had any recent conservative care for the right wrist. The records indicate that the injured worker has had an MRI of the right wrist, but no radiology report was submitted for review. There is no indication that plain radiographs of the right wrist have been obtained. There is no evidence of acute trauma, and no indication of a significant change in symptoms or findings suggestive of significant pathology. There is no current detailed physical examination of the right wrist that would support the need for advanced imaging. The records do not provide a rationale as to why the repeat MRI of the right wrist is being requested. As such, medical necessity is not established for Magnetic Resonance Imaging (MRI) Right Wrist.