

Case Number:	CM14-0117687		
Date Assigned:	08/04/2014	Date of Injury:	01/10/2013
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational 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:

This is a 52-year-old male with a 1/10/13 date of injury, when he injured his left wrist while moving a 100 pounds counter. The patient was seen on 6/4/14 with complaints of left wrist pain and pain in the base of the thumb. Exam findings revealed tenderness to palpation over the left wrist with decreased strength and grasping. There was numbness in the radial digits and no change in the functional status. The left Jamar grip strength was 32-30-30 and the right Jamar grip strength was 16-18-20. The motor examination was within normal limits in both upper extremities and sensory was decreased on the right in the C5-C7 nerve distribution. The diagnosis is wrist sprain, radial styloid tenosynovitis. MRI of the left wrist (undated; the radiology report was not available for the review) demonstrated ganglion cyst and probable tear of scapholunate ligament. EMG of the left upper extremity dated 2/6/14 revealed: the left median nerve response demonstrated decreased amplitude. Treatment to date: 24 physical therapy session, 18 chiropractic sessions, wrist brace, work restrictions, cortisone injections acupuncture and medications. An adverse determination was received on 6/20/14 given that the provided documentation did not show results of any prior radiographs and that the request was no reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254.

Decision rationale: CA MTUS criteria for hand/wrist MRI include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. There is a lack of documentation with radiographs of the left wrist. It is not clear, if the patient sustained additional trauma since his injury. In addition, the progress report dated 2/17/14 indicated that the patient had an MRI of the left wrist that revealed ganglion cyst and probable tear of scapholunate ligament. Therefore, the request for MRI of the left wrist was not medically necessary.