

Case Number:	CM14-0139939		
Date Assigned:	09/08/2014	Date of Injury:	01/11/2013
Decision Date:	10/21/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49 year-old female was reportedly injured on 1/11/2013. The mechanism of injury is noted as repetitive/overuse injury while using a scanning gun. The most recent progress note, dated 7/25/2014, indicates that there were ongoing complaints of bilateral hand and wrist pain. The physical examination demonstrated grip strength left more than right. Well-healed postoperative scars over bilateral carpal tunnels, no thenar atrophy, positive hypo thenar atrophy of the left hand. Positive tenderness to palpation over the surgical areas, right more than left. Positive tenderness over the first dorsal interosseous right greater than left. Full range of motion. Positive canals over the right greater than left carpal tunnel, Guyons canal, and ulnar groove. Diagnostic imaging studies include an EMG/NCS of the upper extremities dated 4/18/2014 which revealed moderate bilateral carpal tunnel syndrome. Previous treatment includes bilateral carpal tunnel release, postoperative physical therapy, and medications. A request had been made for an MRI of the right wrist, and was not certified in the pre-authorization process on 8/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right wrist with contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG): Forearm, Wrist and Hand (updated 02/18/14), MRI (Magnetic Resonance Imaging)

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, and Hand. Acute and Chronic. MRI. (Updated 8/8/2014).

Decision rationale: ODG guidelines state the indications for imaging include the following for acute hand or wrist trauma with suspected acute distal radius fracture, with normal radiographs. Suspected acute scaphoid fracture with normal radiographs. Suspected gamekeeper style. Chronic wrist pain with normal plain film radiographs but suspect is soft tissue tumor, or suspected kienbock disease. After review the medical records provided I was unable to identify any of the above listed criteria that would justify the request for this diagnostic study. Therefore, the request for an MRI is deemed not medically necessary.