

Case Number:	CM14-0149137		
Date Assigned:	09/18/2014	Date of Injury:	09/30/2008
Decision Date:	10/30/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopedic Surgery 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 claimant is a 40 year old female who was injured in a work related accident on 09/30/08. The clinical records provided for review included the 07/07/14 progress report describing continued multiple injuries including the left wrist, left elbow, neck and entire right upper extremity. Specific to the claimant's left wrist, physical examination revealed restricted range of motion, tenderness to palpation diffusely, and diminished hand grip strength. Diagnosis was "left wrist disruption". There was no documentation of prior imaging reports available for review. The previous assessment on 02/11/14 documented the claimant's diagnosis as de Quervain's tenosynovitis with examination showing tenderness of the right wrist and hand along the radial aspect of the wrist. There is a current request for an MR arthrogram to the wrist for further assessment. Previous electrodiagnostic studies in this case were noted to be negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram Left Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm/wrist/hand procedure: MRI's (magnetic resonance imaging)

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an MR arthrogram is not recommended as medically necessary. There is no indication of prior plain film radiographs or physical examination findings indicative of specific pathology. Presently, this individual meets no clinical criteria for an MRI scan based on ACOEM Guidelines or the Official Disability Guidelines. The subacute use of an MR arthrogram at this stage in the claimant's course of injury would not be supported.