

Case Number:	CM14-0150834		
Date Assigned:	09/19/2014	Date of Injury:	11/12/2013
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 59-year-old female with a 11/12/13 date of injury. The mechanism of injury was the result of cumulative trauma. According to a progress report dated 8/14/14, the patient complained of pain in her left wrist and hand and burning pain in her right hand. She had difficulty with gripping and grasping and activities of daily living. Objective findings: positive Tinel's and Phalen's on both wrists, slightly decreased range of motion of wrist, range of motion better on right vs. left, pinwheel sensation bilateral digits intact, sensitive over carpal canal to left touch. The provider stated that the patient is progressing slower than expected, with residual median neuritis. She was 3 months status post left carpal tunnel release and was requesting an MRI of the left wrist to evaluate residual compression of median nerve. Diagnostic impression: cervical strain/ degenerative disc disease, right shoulder impingement syndrome, bilateral carpal tunnel syndrome, early degenerative osteoarthritis of hands/fingers. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/2/14 denied the request for wrist MRI. Although the patient does report continued pain, there is a lack of significant objective clinical findings to warrant imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left wrist without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254, Chronic Pain Treatment Guidelines 9792.23.4 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter

Decision rationale: 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 were no prior plain films provided for review. In addition, there is no documentation as to failure of conservative management, such as physical therapy. Therefore, the request for 1 MRI of the left wrist without contrast is not medically necessary.