

Case Number:	CM14-0167688		
Date Assigned:	10/15/2014	Date of Injury:	09/26/2013
Decision Date:	12/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in South Carolina, and Tennessee. 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 43-year-old male who reported an injury on 09/26/2013. The mechanism of injury was while pulling a fuel hose. The diagnoses included status post right shoulder arthroscopy, status post cubital tunnel release, status post right carpal tunnel release, right shoulder impingement syndrome, right carpal tunnel syndrome, and right cubital tunnel syndrome. The previous treatments included surgery and medication. Within the clinical note dated 08/26/2014, it was reported the injured worker complained of right shoulder intermittent pain. He described the pain as sharp, dull and radiating to the neck and down towards the biceps. He complained of right elbow and right hand pain. The physical examination revealed limited range of motion noted on the right shoulder. Upon examination of the wrist, the provider noted a well healed right carpal tunnel incision. Range of motion was normal. A request was submitted for an MRI of the right wrist. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right wrist: 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, & Hand

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

Decision rationale: The request for an MRI of the right wrist is not medically necessary. The California MTUS/ACOEM Guidelines note for most injured workers presenting with true hand and wrist problems, special studies are not needed until a 4 to 6 week period of conservative care and observation. Most injured workers improve quickly provided red flag conditions are ruled out. The guidelines recommend MRIs of the wrist for carpal tunnel, ganglion cysts or infections. The clinical documentation submitted failed to indicate significant neurological findings upon the right wrist. Additionally, there is no documentation the provider suspected the injured worker to have a ganglion cyst or infection. Therefore, the request is not medically necessary.