

Case Number:	CM14-0174833		
Date Assigned:	10/28/2014	Date of Injury:	11/01/2012
Decision Date:	12/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/22/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 31 year old male with a 11/1/12 injury date. He sustained a right wrist injury from continued pressure from an unpadding chair arm. In an 8/26/14 consult, subjective complaints included bilateral elbow tenderness, numbness extending to the ring and small fingers, and right wrist clicking. Objective findings included no atrophy, full range of motion throughout, no carpal translation, ability to reproduce wrist clicking with forceful pronation and supination, and negative Phalen's and Tinel's signs at the wrist level. A 9/30/14 right wrist MRI showed mild tendinosis of the first extensor compartment, moderate tendinosis of the sixth extensor compartment, intact TFCC, and a small ganglion cyst. Diagnostic impression: right cubital tunnel syndrome. Treatment to date: medications, splinting, physical therapy. A UR decision on 9/16/14 denied the request for right wrist MRI on the basis that there was no documentation of physical findings that would warrant a wrist MRI.

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.

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

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. However, the above patient has a non-painful wrist condition with occasional clicking that is reproduced with a specific maneuver. There are no positive or significant exam findings of the right wrist, other than reproducible clicking, that would suggest the need for an MRI. There is no record of prior conservative treatment methods that have been attempted to treat the specific wrist complaints. In addition, there is no prior normal right wrist x-ray on record. Although the wrist MRI was completed after the UR determination was made, the medical necessity of the study does not appear to have been established. Therefore, the request for MRI of the right wrist is not medically necessary.