

Case Number:	CM15-0014487		
Date Assigned:	02/02/2015	Date of Injury:	02/01/2012
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old female who reported an injury on 02/01/2012. The mechanism of injury was the injured worker struck her left hand while working and subsequently developed symptoms on the right hand due to overuse. Prior treatments included physical therapy, medication, a brace, modified work, rest with improvement, and the use of an IMAK glove. The injured worker had a bilateral carpal tunnel release and tenovagotomy on both hands with residuals. The injured worker underwent electrodiagnostic studies on 05/21/2013. The injured worker underwent an MRI of the cervical spine. The documentation of 12/18/2014 revealed the injured worker continued to have pain in the right wrist and hand. The injured worker had increased pain with supination and pronation of the right forearm. The injured worker on physical examination had mild dorsal wrist tenderness. Medications were stated to be none. The diagnoses included carpal tunnel syndrome and unspecified neuralgia, neuritis, and radiculitis. The request was made for an MRI of the right hand and wrist with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, with and without contrast, right hand and wrist per 12/18/14 report: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (updated 11/13/14) MRI (Magnetic Resonance Imaging)

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates for most injured workers presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had pain for an extended duration of time. The physical examination revealed mild dorsal wrist right wrist tenderness. However, the motor examination and sensory examination were within normal limits and the Tinel's was negative at the median and ulnar nerves at the right wrist and right elbow. There was a lack of documentation of objective findings. The rationale for the requested MRI was not provided. Given the above, the request for an MRI with and without contrast, right hand and wrist, per 12/18/2014 report is not medically necessary.